The Boston 2003 Trend Report: Snapshot of Boston's Children and Youth





CITY OF BOSTON, MASSACHUSETTS Office of the Mayor Thomas M. Menino

October 2003

Dear Friends:

I am pleased to present the results of Boston Centers for Youth & Families' 2003 Trend Report: Snapshot of Boston's Children and Youth, the city's most comprehensive overview of Boston's youth to date.

The Boston Trend Report presents a vivid snapshot of life in our city for Boston youth under the age of 18 and for their families. It is a compilation of statistics, surveys, research studies and census figures consolidated into a series of indicators that tells us where the city's youth stand today and where they appear to be headed tomorrow.

The information was collected from many sources including several city departments, the 2000 United States Census, the Massachusetts Department of Education, the Harvard Prevention Research Center, UMASS Boston Center for Survey Research, the Massachusetts Department of Public Health, the Boston Private Industry Council and others. Developed by the Boston Centers for Youth & Families, the report will be widely distributed to other city departments, community-based organizations, educators, advocates and providers of child and youth services. Copies of the report will also be available online.

As community leaders, we play an important role in helping our youth grow into adulthood. It is my hope that the information in the Boston Trend Report will help the city and our partners make sound decisions about program development, service delivery and allocation of resources as we map out the future for Boston's young people.

Sincerely,

Thomas M. Menino Mayor of Boston



CITY OF BOSTON • MASSACHUSETTS

BOSTON CENTERS FOR YOUTH & FAMILIES

THOMAS M. MENINO Mayor JUANITA B. WADE Executive Director

October 2003

Dear Friends:

In 1998, the City of Boston launched the Citywide Strategy for Youth Development, an assessment of the city's youth programs and the status of Boston's young people. We set out to learn how our youth were doing and what we could do to make their lives better.

We have come a long way in the past five years and, through a variety of initiatives, we have learned a lot about our young people, their needs, aspirations and hopes for the future. The Boston 2003 Trend Report: Snapshot of Boston's Children and Youth is the latest step in the city's ongoing effort to find out how to best meet the needs of Boston's young people.

The Boston 2003 Trend Report follows an impressive list of accomplishments that grew out of the Citywide Strategy for Youth Development. In 1999, some of Boston's best researchers, practitioners, and young people gathered for the Symposium on Youth Development to share ideas, expertise and form new partnerships. A well-received proceedings booklet was produced after the event and provided a permanent record of the experience and knowledge that was shared that day.

In 2000, the Everybody's Out There for Youth report documented what programs around the city engaged young people and helped lead to the reduction of youth violence. We also published the Framework for Action and the Assessment of Resources and Needs, which were the results of citywide research, focus groups, surveys, interviews and retreats that told us what needed to be done to improve the lives of young people in Boston and provided a blueprint for future planning and decision making. And we continue to keep up with what's important to the city's youth through the annual Boston youth survey.

The Boston 2003 Trend Report is the latest work by the City of Boston designed to help professionals in the youth development field make the best decisions possible for Boston's children and teens. I hope you will find it a valuable tool as you continue working on behalf of the city's youth.

Sincerely, Juaneta E. Wade

City of Boston Executive Director,

Boston Centers for Youth & Families

Table of Contents

1.	indicators	Pages
1.	Who are Boston's children?	1.
2.	With whom do they live?	3.
3.	Where do they live?	5.
4.	How are families doing economically?	9.
5.	How stressed are their families?	11.
6.	How supported are their families?	
7.	How are they doing in infancy and early childhood?	17.
8.	How is their home a source of support?	19.
9.	How is their home not a supportive place for them?	
10.	How are they doing in school academically?	
11.	How are they doing in school in other ways?	
12.	What do they do after school and in their free time?	
13.	Do they participate in sports, arts, religion, or community service?	31.
14.	Are they connected to computers and the Internet?	35.
15.	How's their physical health regarding exercise, nutrition, and weight control?	37.
16.	How's their physical health in other ways?	43.
17.	How is their emotional well-being?	45.
18.	How does violence affect their lives?	47.
19.	What other risks are they taking with their health and safety?	49.
20.	How about their friends, peers and intimate relations?	53.
21.	What about relationships with other caring adults?	55.
22.	What does their future hold?	57.
23.	How about those who aren't making it?	61.
24.	Population Profile: Boston's Young Males	65.
25.	Population Profile: Boston's Young Females	69.
26.	Population Profile: Recent Immigrant Teens	73.
27.	Population Profile: GLBTQ Teens.	75.
II.	References	77.
III.	Resources	80.
IV.	Acknowledgements	82.

Population:

In 2000, Boston had 116,559 children under age 18, representing 20% of the city's population. During 1990-2000, the number of young children (under 5) decreased by 3,726 to 32,046; while the number of school-age youth (5-17) grew by 10,829 to 84,513, increasing need for schools and after school programs. During this decade, the number of pre-teens and teens (10-19) grew by 8,088 to 76,184 in 2000. In 2003, these youth would be ages 13-22, representing a large pool of teenagers and young adults. By 2010, the population of children in all age groups except 15-19-year-olds is expected to decrease, for an overall net decrease in the number of children.

Race:

Children mirror Boston's emergence of "majority minority" diversity. Thirty-seven percent of Boston's children are black, 25% white, 24% Hispanic, 7% Asian/Pacific Islander, 4% multi-racial, and 3% other. During 1990-2000, a 40% increase in Hispanic children and 22% increase in Asian children offset a 26% decrease in white children, while the city's percentage of black children remained constant at 37%.

U.S. Census, 2000 UMASS Amherst, MISER, Boston City Population Projections Boston Redevelopment Authority, Reports 541, 542, 543

Births:

One-third (35%) of Boston births in 2000 were to white women; one-third (31%) were to black women, 22% were to Hispanic women, 8% were to Asian women, and 4% to women of unknown ethnicity. About one-quarter of Boston births were to women whose primary language was not English. Forty-five percent of Boston births in 2000 were to Boston women residents who were born outside the United States (including the US Territories of Puerto Rico and the Virgin Islands).

Boston Public Health Commission, Boston Natality 2002

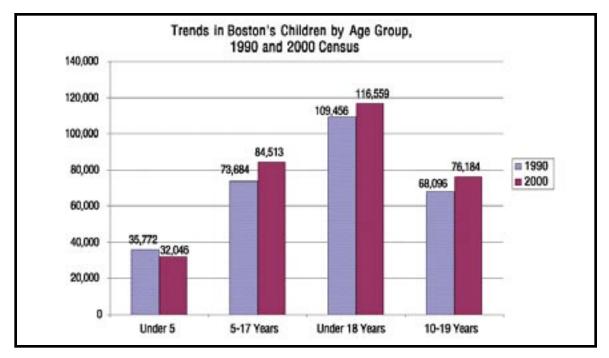
Boston's school-age and teenage population grew markedly 1990-2000.

- Children mirror Boston's emergence of "majority minority" diversity.
- New births are evenly divided among whites, blacks, and Hispanics/Asians.
- Boston immigrants account for a sizeable number of the city's births in 2000.

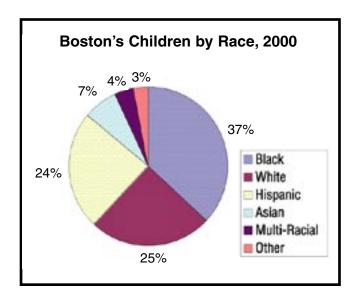
Importance

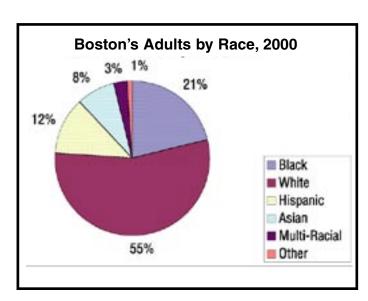
Who are Boston's children?

The total number of children and teens in a city, by age, ethnicity, immigrant status and other features is a basic planning tool to develop school and community programs. Race, ethnicity and immigrant status in particular, are often related to children's health, school performance, and access to family and community resources. As Boston's youth population becomes more diverse, it is important that we attend to these differences to help target essential services, and also to design youth programs that are responsive to differing cultural and linguistic backgrounds.



Source: Boston Redevelopment Authority, Boston School Enrollment and Educational Attainment: 1990-2000. Technical Note 2002-3 (July 2002).





Source: Boston Redevelopment Authority, The Youth and Adult Population by Race and Ethnicity in Boston and Boston's Neighborhoods for the Year 2000. Report #542 (March 2001).

Who are Boston's children?

One quarter (26%) of Boston's households had children under 18 in 2000.

Two Parent Families:

Overall, the plurality of Boston's children (46%) lived in two-parent families. In some neighborhoods, the proportion of children living in two-parent families exceeds the citywide average by a considerable margin. Three-quarters of children live in two-parent families in Back Bay/Beacon Hill and West Roxbury, two-thirds live in two-parent families in Central Boston* and Allston-Brighton, and over half live in two-parent families in Roslindale, Hyde Park, East Boston, and South Boston.

Single Parent Families:

Citywide 40% of Boston's children live in single parent families. The proportion of children in single parent families exceed the city-wide average in Roxbury, the South End, and Mattapan; in these neighborhoods half of all children reside with a single parent.

Other Family Types:

Eight percent of children live with grandparents, 3% with other relatives, and 2% with non-relatives.

U.S. Census, 2000 Boston Redevelopment Authority, Reports 541, 542, 543, and Requested Tables

* Note: Central Boston includes Chinatown, North End, West End and downtown.

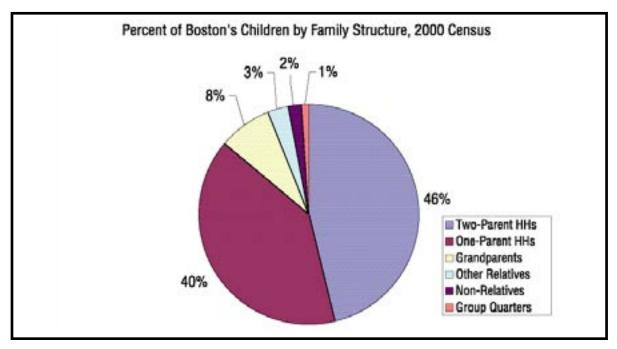
- One-quarter of Boston's households have children under 18.
- Just under half of Boston children live in two-parent families, while four out of ten live in single-parent families, and eight percent live with grandparents.
- Half of children in Roxbury, the South End, and Mattapan live in single parent households.

Importance

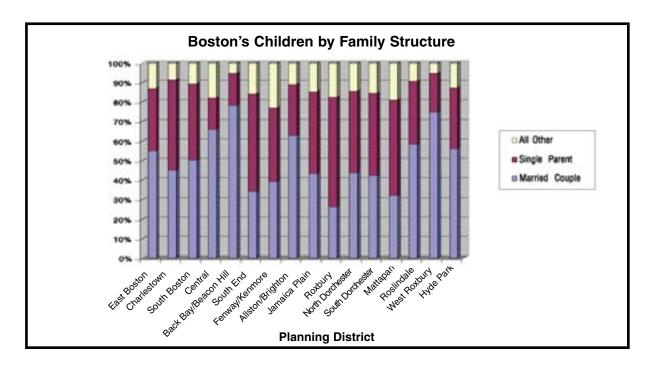
With whom do they live?

Knowing with whom children live can tell us about the kinds of risks they may be facing to their healthy development. Children growing up in single-parent households are much more likely to be poor than children in two-parent families.² They are also more likely to have low academic achievement, to drop out of school, to engage in early sexual activity and give birth as teens.³ Kids living with an unmarried or divorced parent also experience increased levels of depression, anxiety, and aggression.⁴

Children living with non-parent relatives and in other non-familial situations also face additional risks. Children in kinship care are nearly three times more likely than other children to live in households that are poor, with four or more other children, and that are headed by a lone caretaker who does not have a high school degree.⁵



Source: BRA Policy Development and Research Department, Custom Table from US Census 2000.



Note: Central Boston includes Chinatown, North End, West End and downtown.

Source: BRA Policy Development and Research Department, Custom Table from US Census 2000.

With whom do they live?

Where They Live:

Forty-eight percent of Boston's children live in Roxbury, Dorchester and Mattapan. Children are one-third of the population in Roxbury and Mattapan, and one-quarter of the population in Dorchester, Hyde Park, East Boston and Roslindale, exceeding the citywide proportion of 20%.

Fastest Growing Populations of Children: Between 1990 and 2000, the youth population grew fastest in the neighborhoods of East Boston (36%), Hyde Park (22%), West Roxbury (20%), Charlestown (18%), Roslindale (13%), Mattapan (11%), and Dorchester (11%).

Race of Children by Neighborhood:

Neighborhoods with the highest percentage of black children include Mattapan (75%), Roxbury (61%), Hyde Park (49%), South Dorchester (49%), South End (38%), and North Dorchester (31%). Neighborhoods with the highest percentage of Hispanic children include East Boston (49%), Jamaica Plain (41%), South End (35%), Roslindale (30%), Charlestown (30%), and Roxbury (29%). Neighborhoods with the highest percentage of Asian children include Central (41%), Allston-Brighton (19%), and South End (14%). Neighborhoods with the highest percentage of white children include Back Bay/Beacon Hill (82%), West Roxbury (71%), South Boston (68%), Charlestown (52%), Allston-Brighton (42%), Central* (40%), East Boston (37%) and Roslindale (37%).

U.S. Census, 2000 Boston Redevelopment Authority, Reports 542, 543, 554 and Requested Tables

* Note: Central Boston includes Chinatown, North End, West End and downtown.

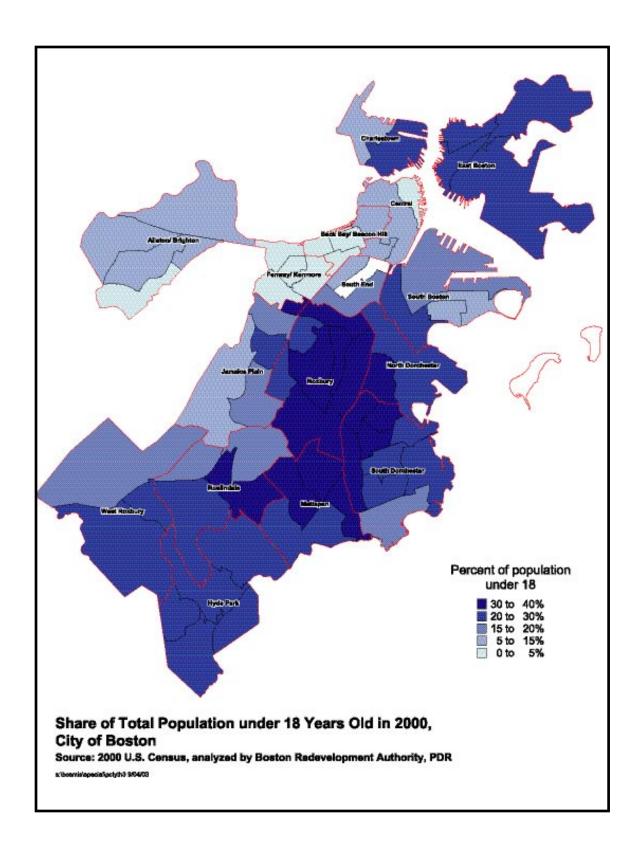
- Nearly half of Boston's children live in Roxbury, Dorchester and Mattapan.
- Neighborhoods with the fastest growth of children 1990-2000 include East Boston, Hyde Park, West Roxbury, Charlestown, Roslindale, Mattapan and Dorchester.
- The diversity of children in Boston's neighborhoods increased 1990-2000.

Importance

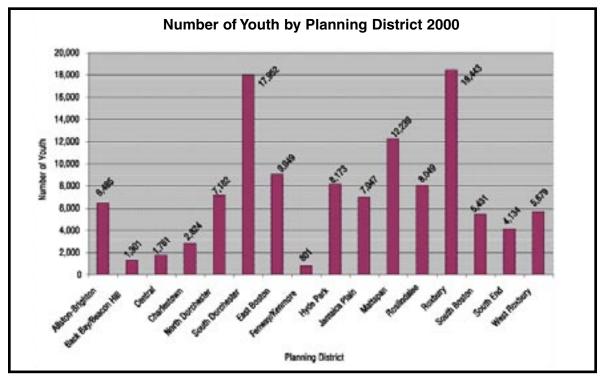
Where do they live?

The economic, educational, and service assets of a neighborhood significantly impact outcomes for children and youth. Families in less affluent neighborhoods are more likely to be isolated from the mainstream economy and to have difficulty finding sustainable employment and maintaining economic security for themselves and their families. Children who grow up in less affluent neighborhoods tend to do worse in school and have more social and emotional problems than children in affluent neighborhoods.⁶

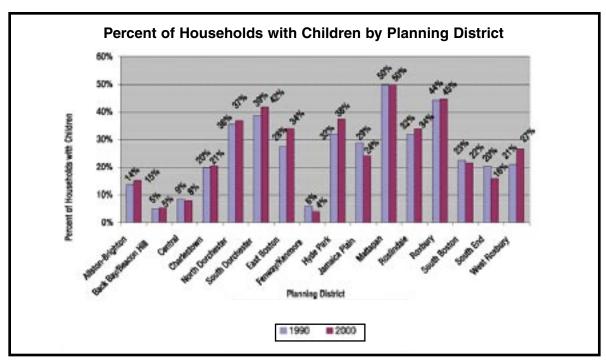
Boston's neighborhoods, however, flourished during the 1990's with the return of banks, supermarkets, and neighborhood shopping areas. In addition, neighborhoods retained their core of long-term, committed residents.⁷ The support of neighbors can be an important factor in helping parents meet the challenges of raising children.



Where do they live?



Note: Central Boston includes Chinatown, North End, West End and downtown. Source: Boston Redevelopment Authority, Boston's Population 2000: Changes in Youth Population by Race and Ethnicity in Boston's Neighborhoods 1990-2000. Report #543 (March 2001).



Note: Central Boston includes Chinatown, North End, West End and downtown. Source: Boston Redevelopment Authority, Boston's Population 2000: Neighborhood Profiles SF1 Data. Report #554 (April 2002).

Overall Poverty Rates:

Twenty-six percent of Boston's children lived in poverty in 2000. Although this represents a decline in the poverty rates among youth since 1990, the proportion of children in poverty is still one-third higher than the poverty rates for the general population.

Poverty and Family Type:

Children living with single mothers are much more likely to experience poverty than are children living in two parent families. Thirty-seven percent of female-headed households with children were living below the poverty rate in 2000, compared to only 10% of married couple families with children.

In single parent families, poverty rates are higher from families with younger children. Forty-percent of female-headed single parent families with children under 5 lived in poverty in 2000, compared to 32% of female-headed single parent families with children aged 5 to 17. For married couple families, the age of children does not impact the likelihood that the family will experience poverty.

Poverty and Race:

Twenty-eight percent of black children, 32% of Asian children, 38% of Hispanic children, and 12% of non-Hispanic white children lived in poverty in 2000.

U.S. Census, 2000.

Boston Redevelopment Authority, "Boston Poverty Data Over the Decade of the 1990s," 2002

Homelessness:

There were 1,367 homeless children in Boston in 2002. The total number of homeless men, women and children living in family emergency shelters was 1,791 in 2002, a 6% increase from 2001. The total number of homeless families in shelter, domestic violence and transitional programs was 2,328 in 2002, an 8% increase from 2001.

Boston Emergency Shelter Commission, City of Boston Homeless Census, 2002 Summary

Poverty among children has decreased since 1990.

- Children in single parent families are three times as likely to live in poverty as are children in two parent families
- There are large disparities in poverty rates between non-Hispanic white and minority children.

Importance

How are their families doing economically?

A family's economic status can have a dramatic impact on children's development and even on their lives as adults. Early in life children living in poverty are more likely to experience a variety of health problems including low birth weight, higher infant mortality, asthma, and stunted growth. At school, children in poor families are less engaged, and are more likely to repeat a grade or be suspended, expelled or drop out than are their more affluent peers. As adults, children who grew up poor are more likely to earn lower wages and continue to experience bouts of poverty than are adults who did not experience childhood poverty.

The federal poverty thresholds are based upon a food plan and a multiplier developed from research during the 1950s and 1960s. There has been substantial criticism of these guidelines as no longer relating to the costs of families' basic needs and as limited in terms of regional and family variation.

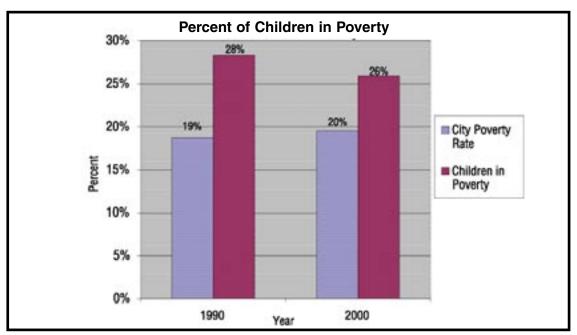
(continued)

How are families doing economically?

(continued)

Another measure that has been developed is the Family Economic Self-Sufficiency Standard (FESS), which measures how much money different types of families in local communities need in order to meet basic household expenses without either public subsidies, or informal "subsidies" such as free child care by a relative. Unlike the federal poverty guidelines, it takes into account the

costs of working (including child care, transportation, and clothing), family size and composition, and regional variations. According to the FESS Standard, many families living in Boston with incomes significantly above the federal poverty level still do not make enough money to meet even their most basic needs. 11



Sources: U.S. Census, 2000. Boston Redevelopment Authority, Insight. "Boston Poverty Data over the Decade of the 1990s: Bad News for Elderly, Some Good News for Children, Families with Children and Single Parent Families." (June 2002).

For Families with Children, 20	00
	Percent
	Below Poverty
All Families with Children	22%
Married Couple Families with Children	10%
Female Headed, Single Parent Families with Children	37%
Married Couple Families	
with Children Under 5 only	19%
with Children Under 5-17 only	21%
Female Headed, Single Parent Families	
with Children Under 5 only	40%
with Children Under 5-17 only	32%

Sources: U.S. Census, 2000.

Boston Redevelopment Authority, Insight. "Boston Poverty Data over the Decade of the 1990s: Bad News for Elderly, Some Good News for Children, Families with Children and Single Parent Families." (June 2002).

How are families doing economically?

Key Findings Highlights 11

Economic Stress:

Multiple jobs, part-time work and multiple commutes reduce income, and add time and stress to the workday. Sixteen percent of Boston residents with children, compared to 9% of suburban parents reported working more than one job. Thirty percent of Boston parents were only somewhat satisfied or not satisfied at all with their jobs, compared to 18% of suburban parents. Boston parents work an average of 41 hours per week, one hour less than their suburban counterparts.

UMass Boston Center for Survey Research, The Boston Area Survey 2000

Family Stress:

Over 50% of respondents interviewed during Room to Grow focused on family stress, poverty and related issues such as lack of time and too few resources to meet family needs. More than 50% identified poverty as a major contributor to family stress.

City of Boston, Room to Grow: Building on Boston's Tradition of Caring for Our Children 2002

Nearly 60% of Boston Centers for Youth & Families' administrative coordinators report that over half of parents seem rushed for time, with over a third reporting that over 75% seem rushed for time.

There were 1,765 violent and property crimes related to domestic violence between January-November 2001, a 5% decrease from the same period in 2000. Almost a third of all aggravated assaults reported in the period were related to domestic violence.

Boston Public Health Commission, The Health of Boston 2002

- Sixteen percent of Boston parents were working more than one job in 2000.
- Boston adults report significant levels of depression and anxiety. Seventeen percent of households could use mental health services, but only 6% received them.
- One quarter of Boston adults don't get enough sleep at least half the time.
- Nearly a third of all aggravated assaults reported Jan-Nov 2001 were related to domestic violence.

Importance

How stressed are their families?

The City of Boston's Room to Grow report identified what Boston's children need to thrive: love, safety, caring and consistent adult caretakers, and a home. Factors standing in the way of child well-being include lack of time, too few resources to meet basic needs, and family stress.

Stressful family environments are associated with higher levels of behavioral, social, and emotional problems for children. Feeling overwhelmed by life's demands can leave parents anxious or depressed. Research on maternal depression has shown that children of depressed mothers experience cognitive and motor delays. Parents who feel highly aggravated, overwhelmed, or anxious also tend to be less able to provide an optimal home environment for their children. Their households can be chaotic, and children may experience neglect or abuse or witness violence within the family. ¹³

How stressed are their families?

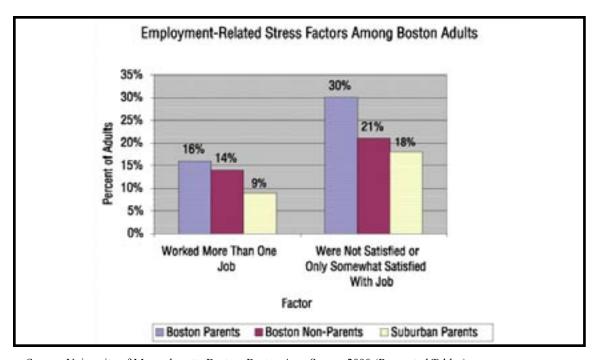
Mental Health and Well-Being:

Ten percent of Boston adults reported depression for over one week per month, 18% reported anxiety for over one week per month, and 6% of adults were dissatisfied or very dissatisfied with life (blacks were the most dissatisfied at 11%). Seventeen percent of Boston households could use mental health services, while 6% received them.

Boston Public Health Commission, Mental Health in Boston 2001

One quarter (24%) of Boston adults felt that they had not gotten enough sleep for at least 15 days in the past month. Lack of enough sleep rose to one-third among Hispanics.

Boston Public Health Commission, The Health of Boston 2002



Source: University of Massachusetts Boston, Boston Area Survey 2000 (Requested Tables).

How stressed are their families?

Connections to Neighbors:

Compared to non-parents, Boston parents are more likely to rely on neighbors as a source of support. Almost half of Boston parents know most or all of their neighbors' first names, compared to only 26% of other adults. Seventy-seven percent can ask a neighbor for a favor, and 59% can ask a neighbor for personal advice. However, connections to neighbors among Boston parents are less strong than among their suburban counterparts.

Community Connections:

Thirty percent of Boston parents are actively involved in a neighborhood organization, 46% volunteered for a community or charitable organization in the past year. Seventy-five percent attend religious services. These levels of connection all exceed the level of connections and participation of non-parent adults, and are on par with those of suburban parents.

Institutional Supports:

Ninety-two percent of Boston parents have some kind of health insurance coverage.

Parenting Support:

Close to 90% of Boston parents can talk about their children and parenting issues with relatives, friends, and health care professionals. About half also have a neighbor or clergy member they can turn to for advice with these issues.

University of Massachusetts Boston, Boston Area Survey 2000 (Requested Tables)

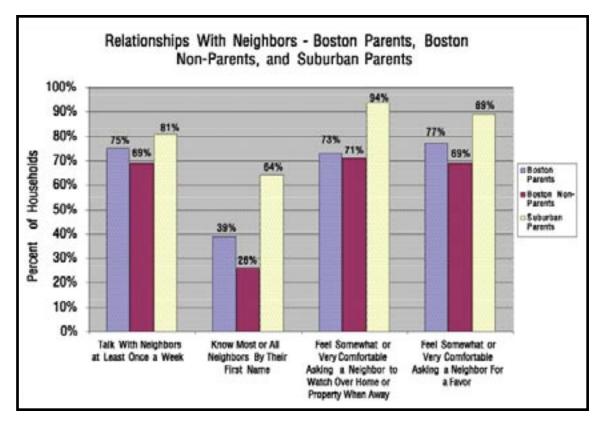
- The vast majority of Boston parents have several people to whom they can turn to discuss parenting and childrearing issues.
- Neighbors are a significant source of support for Boston's families.

Importance

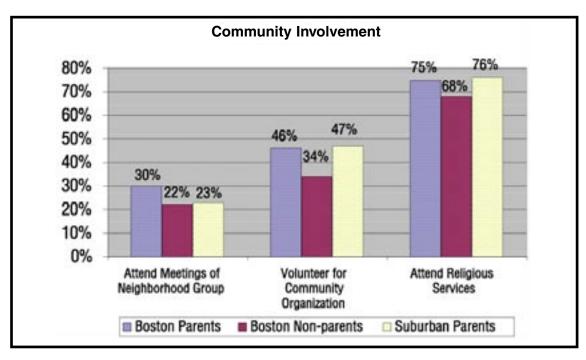
How supported are their families?

The support of community organizations and institutions, neighbors, friends and relatives can mitigate family stress and risk factors to children's healthy development and wellbeing.

When families are able to access a range of supportive services and a network of friends and neighbors, they are more likely to be able to deal with stress, to address difficulties, and to overcome barriers to success ¹⁴

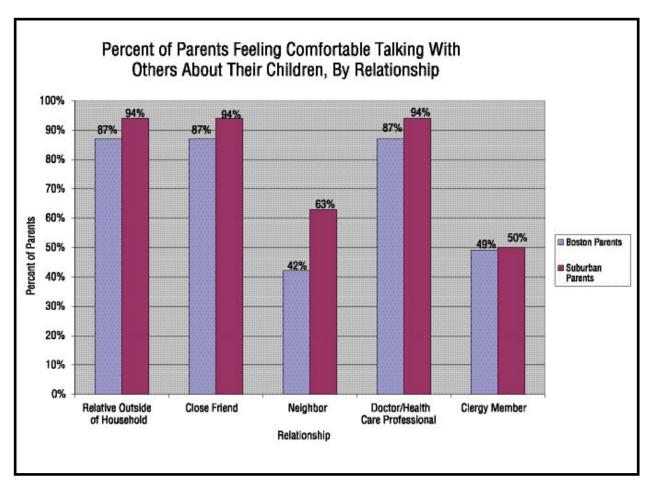


Source: University of Massachusetts Boston, Boston Area Survey 2000 (Requested Tables).



Source: University of Massachusetts Boston, Boston Area Survey 2000 (Requested Tables).

How supported are their families?



Source: University of Massachusetts Boston, Boston Area Survey 2000 (Requested Tables).



How supported are their families?

Key Findings Highlights 17

Healthy Start:

In 2000, 9% of babies born in Boston had low birthweight, putting them at increased risk for a whole range of health and developmental problems. This rate has remained about the same through the 1990s, and is on par with that of other major cities throughout the U.S.

Boston mothers are making healthy choices to give their children a good chance at a healthy start. In 2000, 94% of Boston moms did not smoke during pregnancy, marking a decade of steady decline in smoking rates during pregnancy. More than three out of four (78%) new mothers chose to breast feed in 2000.

Similarly, more than three out of four Boston mothers (77%) received adequate prenatal care in 2000. The proportion of women who received only very late or no prenatal care varied between 3% and 5% in the 1990s, rates below the average for 50 major U.S. cities.

Department of Public Health, MassCHIP, Perinatal Trends Report.

Department of Public Health, MassCHIP, Maternal and Child Health Objectives Report.

Boston Public Health Commission, Boston Natality 2002

Early Childhood:

The physical health of Boston's young children is improving. Infant mortality rates have fallen from 10.6 per 1,000 in 1992 to 4.6 per 1,000 in 2000. Elevated blood lead levels among children under age 6 have declined from 19% in 1993 to 5% in 2000.

Boston Public Health Commission, The Health of Boston 2002 Department of Public Health, MassCHIP, Perinatal Trends Report

Boston's childhood immunization rate for the basic childhood vaccination series was 79% in 2001, less than the statewide rate of 86%, but on par with the US rate of 78%.

The Boston Foundation, Boston Foundation Indicators Report 2002

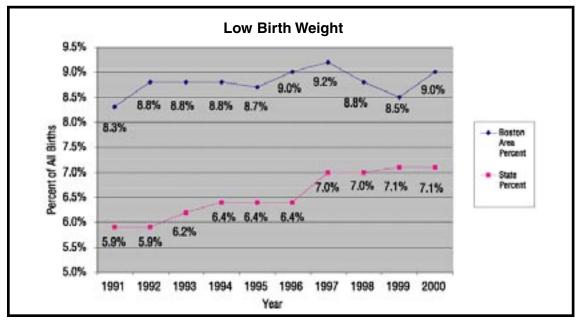
- Most Boston mothers-to-be choose healthy behaviors to give their infants a healthy start in life.
- The physical health of young children in Boston is improving.
- The number of young children receiving early intervention services in Boston has increased markedly in five years.

Importance

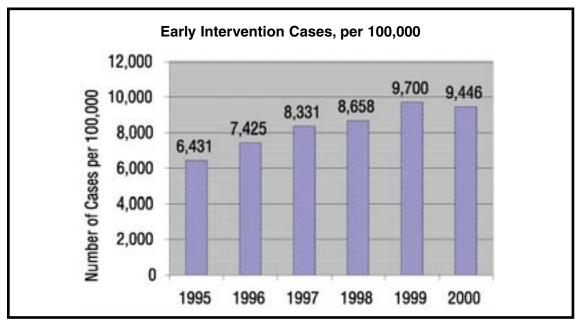
How are they doing in infancy and early childhood?

The conditions under which a baby is born have effects across a lifetime. Babies who are born to mothers who smoked or used alcohol during pregnancy, or who did not access adequate prenatal care, are at greater risk for health and developmental problems at birth and social, emotional, and behavioral difficulties throughout their lives. ¹⁵, ¹⁶

Child development research has strongly established that the rate of learning and development is most rapid in the first years of life, and so it is important to identify and support children who may be at risk for factors or conditions that would interfere with their healthy development. Statesupported early intervention services seek to enhance targeted children's development and support and assist their families.



Source: Boston Public Health Commission, Boston Natality 2002.



Source: Department of Public Health, MassCHIP, Custom Report.

How are they doing in infancy and early childhood?

Teen Perceptions of Parental Support:

Teens feel safer at home (95%) than any other location

– e.g. at school, or on the street – and 91% of teens believe

- e.g. at school, or on the street - and 91% of teens believe their parents care about them very much or quite a bit.

Relationships with parents are also of high quality. Seventy-four percent of teens report that their mothers inspire them to work hard and achieve their dreams, and 79% feel they can turn to at least one parent to talk about most things.

The amount of time teens spend with their parents, however, may not be as high as they would like. Only 42% of teens ate dinner with at least one parent five or more nights per week.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey 1999, 2000, 2001

Parents Report High Levels of Involvement: Forty-six percent of Boston parents read to their children daily, and an additional 15% read aloud a few times a week. Only 11% read to their children less than once a week.

Ninety-nine percent of Boston parents reported checking on homework, 92% met with a teacher at least once during the year, 84% attended at least one school meeting, 74% helped with school fundraising – all similar to suburban counterparts. Sixty-two percent reported helping with homework vs. 43% of suburban parents.

UMass Boston, Center for Survey Research, Boston Area Survey 2000

Nearly eight out of 10 Boston Centers for Youth & Families' administrative coordinators observed an increase in the number of families with a strong and caring bond between parents and their children over the past five years.

Boston Centers for Youth & Families, Administrative Coordinator Survey 2003

- Almost all teens (more than 90%) feel safe at home, and feel their parents care for them.
- Nearly eight out of 10 teens feel they can turn to at least one parent to talk about most things.
- "Family time" for teens is less than one might hope.
- A large majority of Boston's parents check on their child's homework, meet with a teacher, and attend school meetings.
 Importance

How is their home a source of support for them?

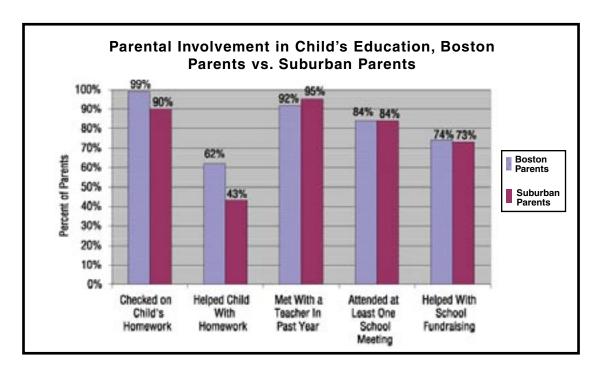
Even for teens, parents are the most important adults. In order to become happy, healthy adults, teens need their parents for advice and guidance, for inspiration and affection. Teens whose parents take interest and get involved in what they do and provide guidance and support are more likely to successfully navigate the difficult terrain of young adulthood.

Children and youth who feel connected to their families are much more resilient in the face of life's normal difficulties. ¹⁸ Children and youth whose parents are involved in their school and supervise their other activities are more likely to have better academic performance and less likely to have behavior problems or engage in risky behaviors.

Children of parents who are affectionate and supportive and use rational, firm discipline are more likely to have higher self esteem and fewer psychological and behavior problems. ¹⁹

Teens Views of Supports at Home	Percent of Teens
Feel Safe at Home	95%
Believe Parents Care About Them "Very Much" or "Quite a Bit"	91%
Mother Inspires Them to Work Hard and Achieve Their Dreams	74%
Father Inspires Them to Work Hard and Achieve Their Dreams	47%
Think Success in School is "Very Important" to Parents	85%
Able to Talk to Parent/Guardian About Most Things	79%
Eat Dinner With at Least One Parent 5 or More Nights Per Week	42%

Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey 1999, 2000, 2001.



Source: UMass Boston, Center for Survey Research, Boston Area Survey 2000.

How is their home a source of support?

Teen Views of Problems at Home:

Thirty-two percent of teens identified conflict with a parent or family member as a source of stress, and 29% of teens who completed the Boston Youth Survey identified death/illness/injury of family member as a source of stress. These family issues were second in prevalence only to the stress associated with homework and grades, reported by 41% of teens.

Low Levels of Parental Monitoring and Involvement: Parents do not appear to be keeping close tabs on their teenagers. Fifty percent of teens reported that their parents do not routinely monitor their whereabouts. Seventy-two percent say that their parents do not set limits on what they watch on TV, on the video games they play, or how they use the Internet. Low levels of supervision and monitoring are matched by low levels of contact between teens and parents overall for almost half of Boston's teens. Forty-two percent of teens reported that they ate dinner with their parents only twice a week or less.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey 1999, 2000, 2001

Nearly half (46%) of Boston Centers for Youth & Families' administrative coordinators observed an increase in the number of parents who cannot control their children.

Boston Centers for Youth & Families, Administrative Coordinator Survey, 2003

Abuse and Neglect: Between 1998 and 2001, the number of supported investigations of child abuse and neglect in the Boston region increased from 2,210 to 2,674, while the number of children in foster care fell from 1,151 to 912, and the number in residential care was stable at 347 to 348. The Boston region includes Boston, Brookline, Chelsea, Revere and Winthrop.

Commonwealth of Massachusetts Department of Social Services.

Office of Management, Planning and Analysis, Requested Table

- Conflicts with family members are one of the top sources of stress for Boston's teens.
- Half or fewer of Boston parents keep close watch on where their teenagers are, and what they are doing.

Importance

How is their home not a supportive place for them?

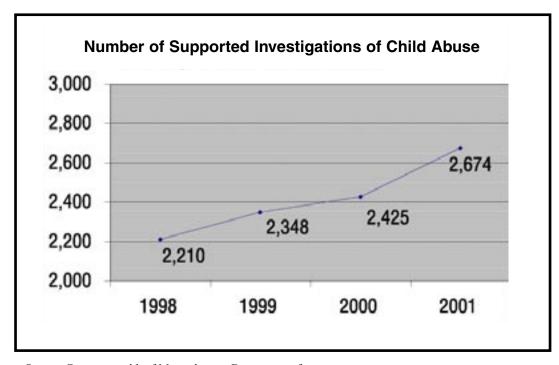
When home is not a supportive place, teens are more likely to "fend for themselves" and make poor decisions. Teens whose parents do not provide care, support, and supervision tend to have low self-esteem, to have trouble in school, and to engage in aggressive, antisocial, and risky behaviors.²⁰

At the extreme, children and teens who are subjected to abuse and neglect are associated with physical injuries and developmental delays, as well as a host of psychological difficulties including depression and post-traumatic stress disorder. The behavioral manifestations of abuse and neglect include increased aggression and higher rates of substance abuse. ²¹

Teen Views of Problems at Home	Percent of Teens
Witnessed Violence in Their Home	6%
Cited Family Responsibilities or Trouble at Home as Most Common Reason For Missing School	33%
Reported "Conflict With Parents/Family Members" as Source of Stress in the Past 6 Months	32%

Source: City of Boston, Boston Centers for Youth & Families, Boston

Youth Survey 1999, 2000, 2001.



Source: Commonwealth of Massachusetts Department of Social Services, Office of Management, Planning and Analysis, Requested Table.

Meeting the MCAS Standards:

Since MCAS testing began in 1998, increasing numbers of Boston Public School students at every grade level have been meeting the state standards. However, fewer than half of the students at any grade level meet the performance levels of advanced or proficient.

In 2002, only 35% of BPS third graders were proficient readers, an increase from 30% in 2001. An additional 48% need improvement, while 17% were in the warning category.

In 2002, only 34% of 10th graders met state standards in English, and an additional 30% scored in the "needs improvement" category. Only 24% met state standards in math, with 24% scoring "needs improvement."

High school students are given four tries to pass the MCAS graduation competency determination requirement. After the final December 2002 retest, at least 70% of the Boston Public School's Class of 2003 qualified to graduate.

Massachusetts Department of Education, District Profile for Boston Public Schools, 2003

Student Investment in Academic Success:

A large proportion of students are not making the investments that will enable them to achieve academically. While 86% of high school students are assigned homework on a daily basis, only 42% report spending an hour or more per day on homework.

Homework/school grades was the most frequently cited source of stress among teens surveyed in the 2001 Boston Youth Survey. Forty-one percent of respondents said they experienced stress from homework or grades in the past six months.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey. 2001

- More and more students are meeting state standards.
- Still, Boston's MCAS scores show much room for improvement.
- Only a third of third graders are proficient readers.
- Most high school students do less than an hour of homework per day.

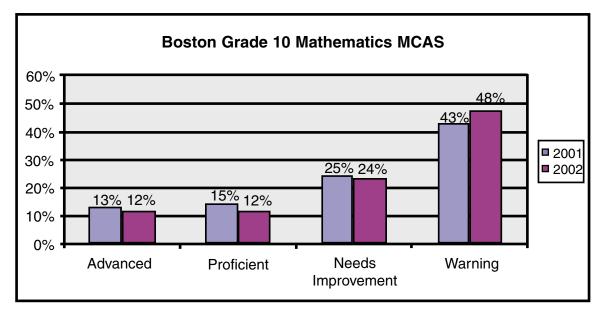
Importance

How are they doing in school academically?

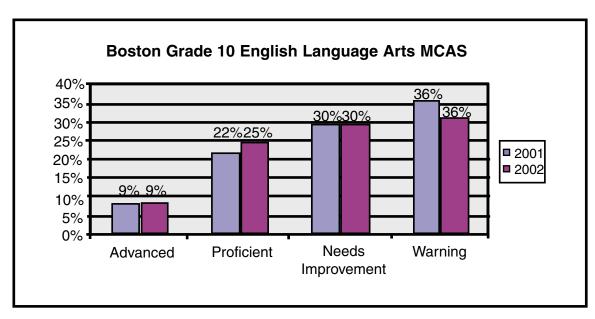
More than ever, the competencies and skills acquired through a high school education are essential for all youth. As American society has made the transition to a knowledge-based economy, completion of high school has become key in achieving economic self-sufficiency.

Acquiring strong reading and writing skills early on is essential to continued success in school.²² By the end of third grade, there is a transition in education, from "learning to read" to "reading to learn." Children who have strong reading skills are likely to continue to be successful in school, to stay in school, to graduate, and to be successful in postsecondary education and careers.²³

With the advent of high stakes testing in Massachusetts, it is also harder than ever to receive a high school diploma. Based on MCAS results, Boston's youth need a variety of supports in order to meet benchmarks and graduate with a high school diploma.



Source: Massachusetts Department of Education, District Profile for Boston Public Schools (2003).



Source: Massachusetts Department of Education, District Profile for Boston Public Schools (2003).

How are they doing in school academically?

Safety at School:

The vast majority of students feel safe at school. Only 10% of students attending the Boston public high schools reported missing one or more days of school in the past month because they felt unsafe at school or on their way to or from school. In 2001 8% of teens reported carrying a weapon to school in the past 30 days, down from 16% in 1993, and 11% were involved in a fight on school property, down from 15% in 1993.

Building Relationships and Connections:

Sixty-two percent of Boston Public school teens have a teacher or other adult in school they can talk to if they have a problem. Fifty-eight percent of youth who participated in the 1999 Boston Youth Survey reported feeling connected to their school "very much" or "quite a bit," while 19% felt that little or not at all. In both surveys, Asian teens were less likely than their counterparts to feel connected to school or an adult at school.

Boston Public Schools, Youth Risk Behavior Survey, 2001 City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 1999, 2001

Attending School Ready to Learn:

The attendance rate across all Boston Public Schools tops 91%. However, nearly one in four teens comes to school tired most or all of the time, and nearly half (45%) did not eat breakfast before they came to school. For those who missed at least one day of school for a non-sick reason, 42% identified tiredness/overslept as a reason, far more than any other reason.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2000, 2001

Special Services:

Nineteen and one half percent of Boston Public School students receive special education services and 21% receive services for students with limited English proficiency.

Massachusetts Department of Education, School District Profiles, 2003

• The vast majority of teens feel safe at school.

- More than half feel connected to school and adults at school
- About half of high school students come to school tired and without eating breakfast.

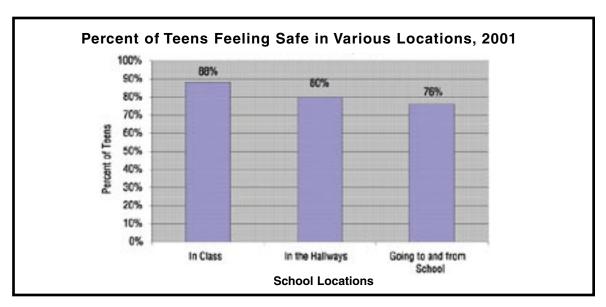
Importance

How are they doing in school in other ways?

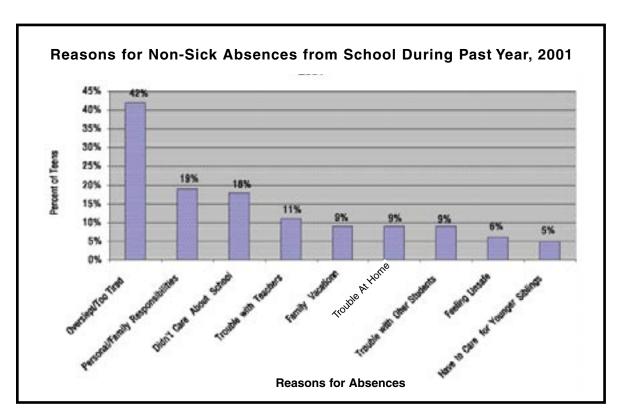
Ability to do well in school is influenced by many factors in addition to academic potential. Feeling safe at school, for example, translates into better school attendance, and reductions in stress that can interfere with academic performance.²⁴

The Search Institute has identified a caring school climate and supportive relationships with non-parent adults, such as teachers and guidance counselors, as two of the 40 developmental assets that enable young people to become caring, responsible adults.²⁵

Making our schools safe and supportive environments filled with caring adults for all students complements our federal and state obligations to provide a range of targeted services for students with distinctive needs, to ensure that all students are provided with a school environment conducive to success.



Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001.



Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001.

How are they doing in school in other ways?

Out of School Time:

Fifty-one percent of teens participated in at least one organized out-of-school-time activity in the past week. Among those who do not participate in after school programs or clubs the most common reasons for not participating were "nothing interests me" (28%) and "I have to work" (21%).

Forty-seven percent of Boston teens reported being employed at some point during the school year. Seventeen percent of teens work 20 or more hours per week.

In the after school hours, 11% of teens surveyed in the 2001 Boston Youth Survey reported usually going home to a parent, 18% going home by themselves after school, 20% reported going to work after school, and 29% reported hanging out with their friends as their most frequent after school activity.

After-school activities of greatest interest to teens include music (26%), dance (23%), and working out (19%).

Boston Public Schools, Youth Risk Behavior Survey, 2001 City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001

Leisure Activities:

Fifty percent of teens read for fun on most days, while 22% "rarely" or "never" read for fun.

Forty-eight percent spent three or more hours per school day watching TV. Statewide only 30% of teens watch as much TV.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 1999

Boston Public Schools, Youth Risk Behavior Survey, 2001

• Half of Boston's teens participate in at least one organized out-of-school-time activity.

- Nearly half of all Boston teens work at some point during the school year.
- Nearly a third of teens report "hanging out with friends" as their most frequent after school activity.
- Half of all teens read for pleasure.
- Nearly half of teens watch three or more hours of TV per day.

Importance

What do they do after-school and in their free time?

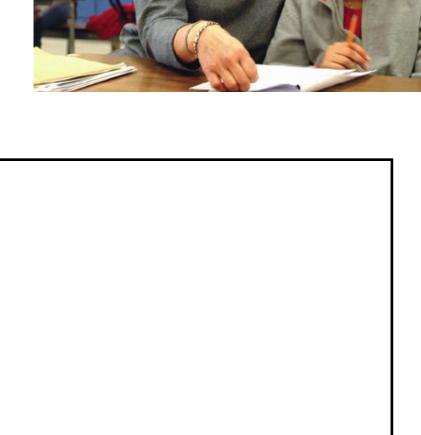
Young people spend more of their time out of school than in school. How they spend these hours can have a dramatic effect both on their academic success and their social and emotional development. More than many other factors, a lot of time spent "hanging out" is a key indicator of risk for youth. When children and youth have too much unsupervised free time, they are much more likely to engage in risky behaviors like crime, substance use and abuse, and sexual activity. ²⁶

Teens who spend a lot of time watching television are less likely to spend time on homework or participating in enriching activities. Teens who watch several hours of television daily tend to have lower grades and test scores than those who watch moderate amounts.²⁷

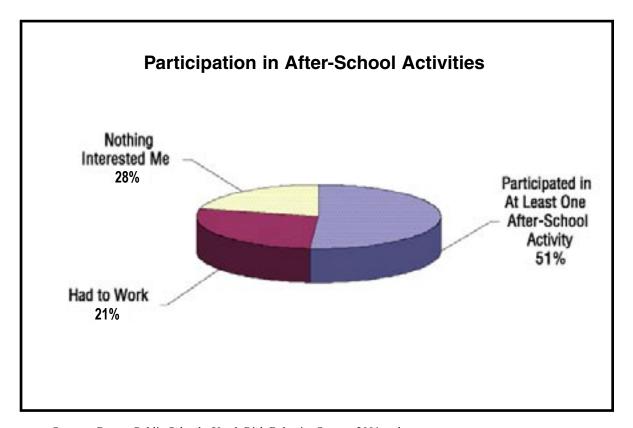
(continued)

(continued)

Structured out-of-school time programs enhance children's growth including their emotional, social, moral and physical development. Children who attend high quality after-school programs develop stronger peer relations, have better emotional adjustment and conflict resolution skills and better conduct in school compared to their peers who are not in after-school programs.²⁸



Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001.



Sources: Boston Public Schools, Youth Risk Behavior Survey, 2001 and City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001.



What do they do after school and in their free time?

Sports:

Forty-five percent of Boston Public high school students participated on at least one sports team in the past 12 months, with 55% of males on a sports team vs. 36% of females.

Boston Public Schools, Youth Risk Behavior Survey, 2001

The top rated sports among Boston's males ages 5-18 are baseball, basketball, soccer, swimming, and football. The top rated sports among Boston's females ages 5-18 are basketball, swimming, tennis, soccer, and dance.

Harvard Prevention Research Center, Play Across Boston: Summary Report, 2002

Arts:

Three out of four respondents to the 1999 Boston Youth Survey were involved in at least one artistic activity on a weekly basis. The most popular artistic activities, pursued by more than a third of all teens surveyed, were visual arts activities (including painting, drawing or sculpting), writing, and singing. Between one in four and one in five teens reported weekly involvement in instrumental music, dance, photography/video, or acting.

Religion:

Fifty percent of 1999 Boston Youth Survey teens attended religious services at least a few times a month.

Community Service:

In 2001, 39% of teens spent at least an hour in the past month doing volunteer work or community service or "helping people outside of your home without getting paid." This is a marked decrease from 1999, when 60% of teens volunteered in their communities.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 1999

Boston Public Schools, Youth Risk Behavior Survey, 2001

• Less than half of Boston teens played on at least one sports team in the past year.

31

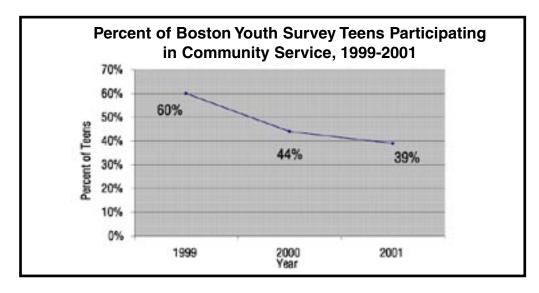
- Nearly three out of four teens are involved in the arts at least once a week.
- Half of Boston's teens attend religious services regularly.
- There has been a dramatic decrease in the percentage of teens volunteering for community service in the past two years

Importance

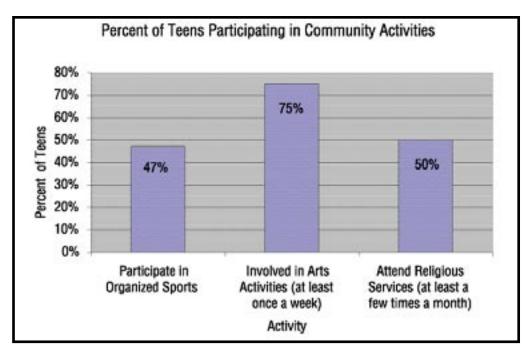
Do they participate in organized sports, arts, religion, and/or community service?

For youth, involvement in organized activities increases the likelihood that they will weather the storms of adolescence successfully. Participation in organized sports, arts and enrichment activities, religious activities, or community service is linked to a variety of positive outcomes including increased selfesteem, and improved academic engagement and performance. Youth who are involved in sports, participate in community service, or who attend religious services also reduce the risk that they will use alcohol and other drugs. ²⁹

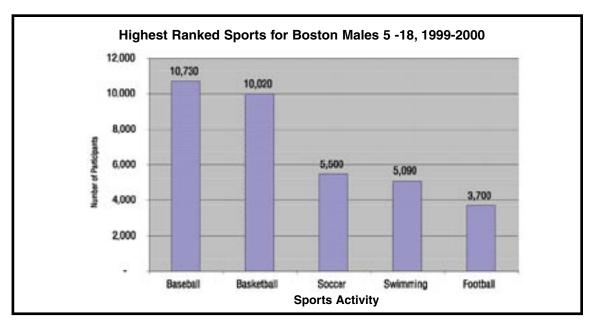
The benefits to being involved in organized activities as an adolescent, however, do not stop when a young person enters adulthood. Adolescents who participate in the arts, for example, reach higher levels of educational attainment as adults. Youth who participate in community service are more likely to vote, volunteer as adults, and have a strong work ethic. You



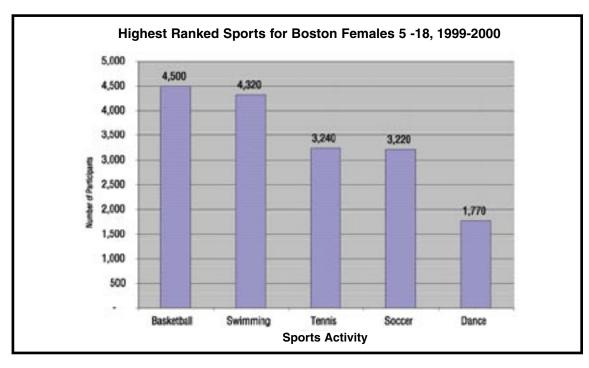
Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 1999, 2000, and 2001.



Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 1999, 2001.



Source: Harvard Prevention Research Center, Harvard School of Public Health, Play Across Boston: Summary Report (2002).



Source: Harvard Prevention Research Center, Harvard School of Public Health, Play Across Boston: Summary Report (2002).

Computer Access:

The 2000 Boston Area Survey of adults found that 72% of Boston households with children had a computer in the home, compared to 56% of Boston households without children. In the suburbs, 87% of households with children own a computer. One in three teens who participated in the Boston Youth Survey had a computer in his or her bedroom, up slightly from the previous year.

UMass Boston Center for Survey Research, The Boston Area Survey 2000

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001

Internet Access:

Seventy-five percent of Boston teens reported being able to connect to the Internet from a computer at home in 2001, up from 61% in 2000. Eighty-nine percent of teens reported Internet access at school, 87% at a public library, and 58% at a Boston Community Center.

Digital Divide:

There is a "digital divide" in home access to the Internet between males and females (78% vs. 71%), and between Asian/white teens (85-89%) vs. black/Latino/Cape Verdean teens (70-72%). However, these gaps are narrower than in previous years.

Teens in South End, Roslindale, Hyde Park and Dorchester (Fields Corner/Bowdoin St.) had higher than average rates of Internet access at home (80-84%), while teens from Roxbury, Jamaica Plain and Mattapan had lower rates (63-69%). Note: eight neighborhoods with a sample of 100 or more teens were analyzed.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001

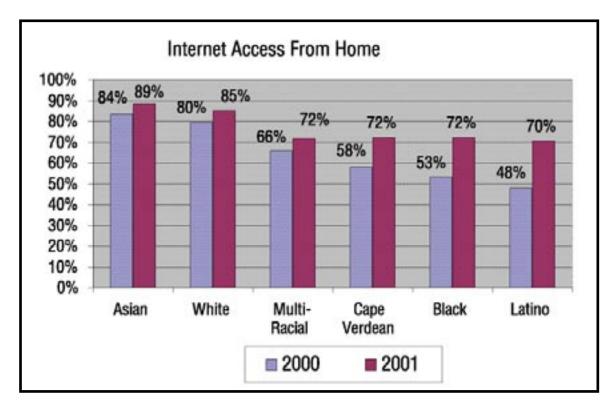
- Seventy-five percent of Boston teens said they can connect to the Internet from home.
- Eighty-nine percent of teens have Internet access at school, 87% at a public library, and 58% at a Boston Community Center.
- The "digital divide" is narrowing between males and females, and between Asian/white teens and black/Latino/Cape Verdean teens.
- Boston parents report greater access to the Internet than adults without children.

Importance

Are they connected to computers and the Internet?

Some current research on the impact of computers on learning suggests that children with access to computers at home demonstrate increased math and reading skills. Simply having access to a home computer and the Internet creates the potential for learning; those that have a computer at home report using it for school work, information research outside of schoolwork, and checking the news, sports and weather.³²

It is important to strive for equity of access to these tools that will enhance educational achievement and future success. Currently, Asian and white children are more likely to have Internet access at home than are black and Latino children.³³ This "digital divide" means that many black and Hispanic children are denied the technology that may enhance their academic achievement.



Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2000, 2001.



Are they connected to computers and the Internet?

Key Findings Highlights 37

Nutrition:

Eleven percent of teens in Boston drink three or more glasses of milk a day, the amount required to meet calcium requirements, compared to 18% of teens statewide. On average, Boston teens eat 2.4 servings of fruits or vegetables per day, and only 12% of teens eat the recommended five or more servings per day. According to national USDA data, the average teen drank about two cans of soda per day in the mid-1990s.

African-American and Asian-American teens in Boston are not drinking as much milk as their peers from other racial groups: 31% of African-American teens and 27% of Asian-American teens reported not having had any milk at all during the past seven days, compared to only 13% of white teens. Conversely, a smaller percentage of African-American and Asian-American teens (8% and 7% respectively) drink three or more glasses of milk per day than do their Hispanic/Latino or white counterparts (15% and 17%). There are no significant racial differences in the proportion of youth who eat five or more serving of fruits or vegetables per day. However the average daily consumption of fruits and vegetable is slightly higher among Asian-Americans and whites (2.8 and 2.6 servings per day respectively), than among African-Americans or Hispanics (2.3 and 2.1 servings per day).

Exercise:

Boston teens exercise less than their counterparts statewide; 50% of Boston teens and 63% of teens statewide exercised vigorously three or more times in the past week. This trend has been consistent since 1993.

White teens are more likely to exercise than their peers of other racial backgrounds; 68% reported exercising three or more times in the past week, while approximately 45% of Asian-American, African-American, and Hispanic/Latino teens reported the same frequency of exercise.

Weight Control:

Forty-one percent of Boston's teens are trying to lose weight, up from 36% in 1993. Exercise is the preferred method, with 53% of teens reporting that as their strategy, followed by dieting (38%) and fasting (15%).

Boston Public Schools, Youth Risk Behavior Survey, 2001

- Only 11% of Boston teens meet nutritional standards for milk consumption and only 12% meet standards for consumption of fruits and vegetables.
- Nutrition and exercise patterns are somewhat more healthy among white teens than among racial minorities.
- Fewer Boston teens exercise regularly than their statewide counterparts.
- Forty-one percent of Boston's teens are trying to lose weight.

Importance

(continued)

How's their physical health regarding exercise, nutrition, and weight control?

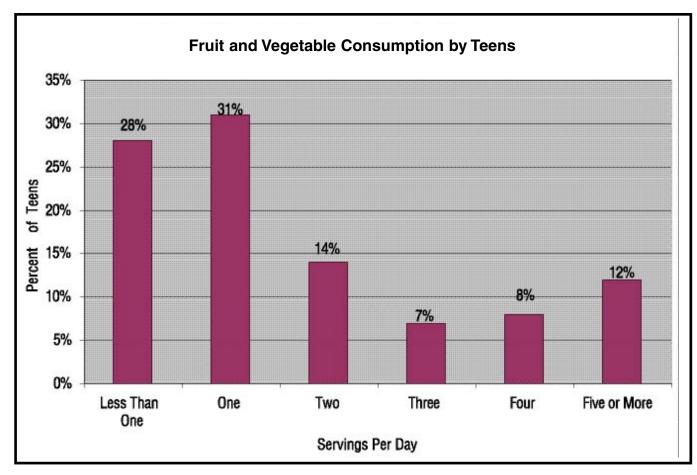
Participation in regular exercise has both physiological and psychological benefits. In the short term, teens who exercise build and maintain healthy bones and muscles and can control their weight. These benefits create long-term positive results, such as a decreased risk of heart disease, diabetes, high blood pressure, and colon cancer.³⁴

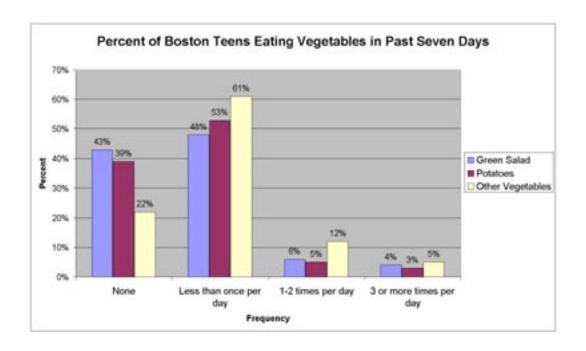
The steady rise of childhood obesity is cause for concern, considering the negative health impacts of being overweight. Obese children are at risk of developing cardiovascular problems and orthopedic abnormalities and often face negative impacts on their social and psychological development.³⁵ Being an overweight child increases one's probability of becoming an overweight adult, creating a situation of lifelong health concerns related to

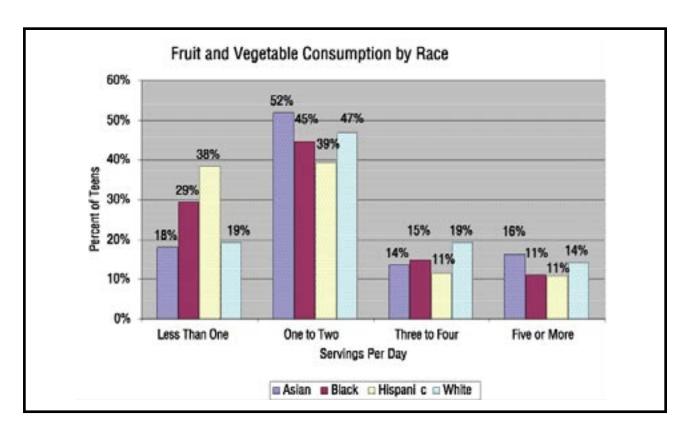
(continued)
excess weight.

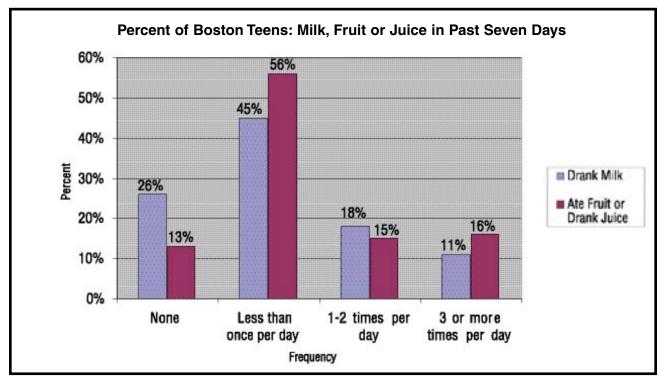
Concern over body image, however, can lead to other unhealthy conditions, especially among girls, who are more likely than boys to develop eating disorders or to employ dangerous methods of weight loss, such as vomiting, fasting, or taking laxatives. ³⁶ In addition to the psychological problems associated with eating disorders, these eating and purging behaviors can cause physical harm including the erosion of tooth enamel, oral ulcers, ruptures of the esophagus, loss of colon function, heart conditions, and kidney failure. ³⁷

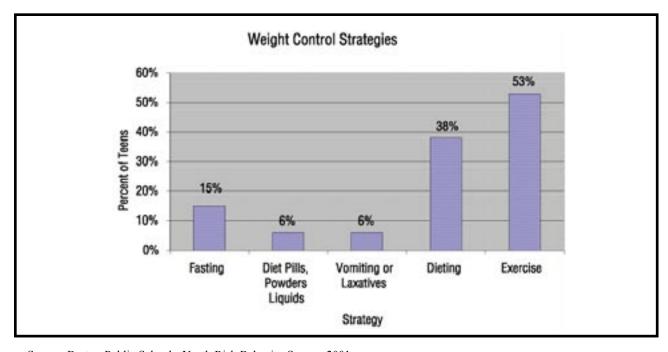


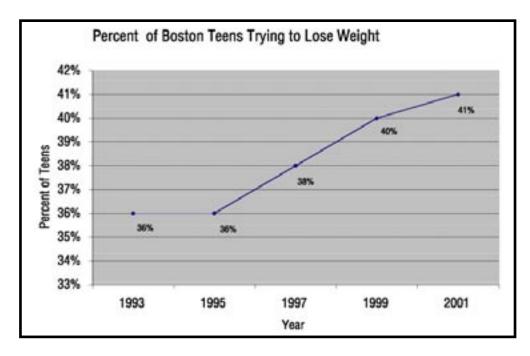














Lead Poisoning:

In 1993, 19% of Boston's children had elevated blood lead levels (levels of $10~\mu g/dL$ or higher). This number has dropped significantly in the past decade, with 5% of children experiencing elevated blood lead levels in 2001.

Asthma Hospitalizations:

There has been a steady decline in the number of children requiring hospitalizations due to asthma since 1994. In 2000, only 7.8/1000 children from birth to age 4, and 4.4/1000 children ages 5-14 required such treatment.

Boston Public Health Commission, The Health of Boston 2002

Sexually Transmitted Diseases:

The rate of STD infection among Boston's teens is significantly higher than that across the state. In Boston, 7 out of 1,000 teens aged 15-19 are infected with gonorrhea, compared to the statewide rate of 2 per 1,000. Boston's teens also see an elevated rate of chlamydia infection; 21 teens per 1,000 have the disease, compared to 8 per 10,000 statewide.

Department of Public Health, MassCHIP, CHNA Health Status Indicators Report

Thirty-eight percent of Boston Centers for Youth & Families' administrative coordinators believe that there has been an increase in the number of children with asthma over the past five years, while half see no change.

Boston Centers for Youth & Families, Administrative Coordinator Survey, 2003

• The percent of children in Boston with elevated blood lead levels has been declining since 1993.

- Hospitalization rates due to asthma have also declined since the midnineties.
- Boston's teens experience much higher rates of chlamydia and gonorrhea infection than do their counterparts statewide.

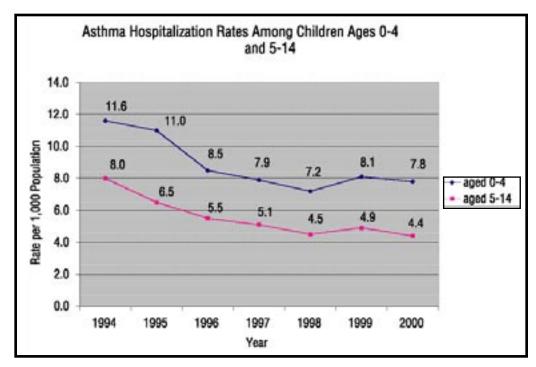
Importance

How's their physical health in other ways?

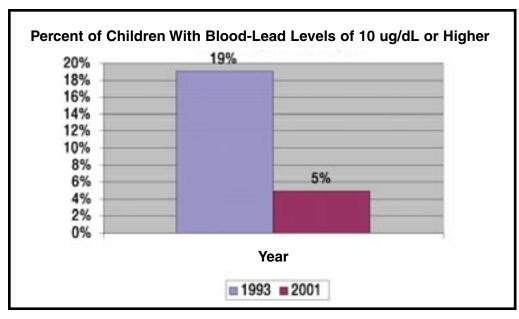
While children and teens are generally physically healthier than other age groups in populations, they still face some serious health issues. If children are not healthy, their ability to learn and mature socially and emotionally may be compromised. Asthma, on the rise, is now the third-ranking cause of hospitalization among children under age 15. It accounts for 14 million school absences annually. ³⁸

Among young children, exposure to excessive levels of lead can result in learning and behavioral problems, as well as a whole host of other physical problems, including growth and development problems, hearing problems, headaches, appetite loss, and kidney damage. ³⁹

The rate of sexually transmitted disease infection among Boston's teens is also rising. Infected young people must face the social stigma and long-term health consequences of these diseases. Moreover their very presence in the teenage population indicates that young people are engaging in behaviors that put them at risk for unwanted pregnancy and HIV infection.



Source: Boston Public Health Commission, The Health of Boston 2002.



Source: Boston Public Health Commission, The Health of Boston 2002.

How's their physical health in other ways?

Self-Esteem:

Sixty-eight percent of 2001 Boston Youth Survey participants reported feeling just as good as others all, most, or a lot of the time. Only 9% reported never or rarely feeling that way.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001

Depression and Suicide:

Thirty-three percent of Boston's teens reported sad feelings or depression that interfered with their regular activities for at least two weeks in the past year. The statewide rate was 29%.

Suicidal behavior has generally decreased since 1993. In 2001, 16% of Boston teens considered suicide, 13% made a plan about how they would attempt suicide, and 12% made one or more suicide attempts. However only 5% of teens reported a suicide attempt that required medical treatment.

Boston Public Schools, Youth Risk Behavior Survey, 2001

Stress:

Forty-four percent of teens experienced four or more stressful conditions in the past six months. Among those stressful conditions experienced by 20% or more of teens were homework/grades (42%), conflict with parent/family member (32%), death/injury/illness of a family member (29%), conflict with boyfriend/girlfriend (29%), conflict with friend (29%), not enough time to do everything (28%), depression (21%), and death/injury/illness of a friend (20%).

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001

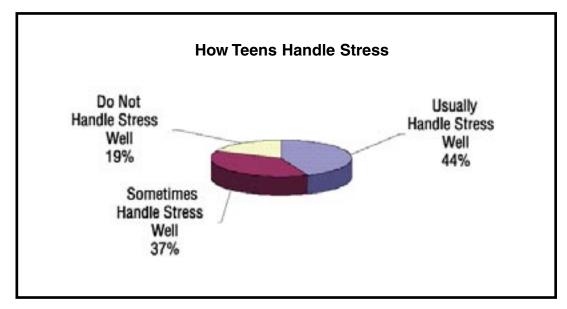
- Two thirds of Boston teens report high self-esteem.
- A decreasing percentage of young people are reporting suicidal behaviors.
- A third of Boston's teens experience depression that interferes with their daily lives and activities.
- Less than half (44%) of teens feel that they usually handle stress well.

Importance

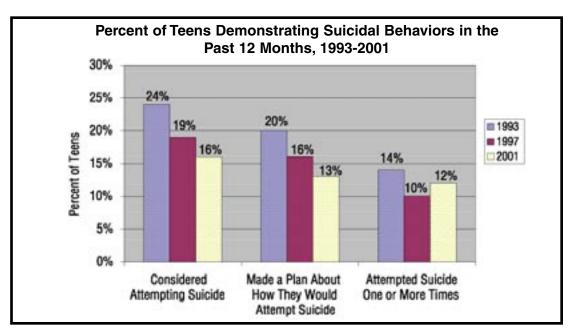
How is their emotional well-being?

While teens generally have good physical health, they are more at risk for mental or emotional disorders. 40 Common among them is depression, a concern because depressed teens are more at risk for suicide, have more challenges with social functioning, and experience lower academic achievement than their non-depressed peers. 41

Even those young people whose mental health is not "disordered" face the everyday challenges of being a teenager and must handle the stresses posed by the demands school, family, and friends. The ability to effectively manage stress and solve personal problems are keys to developing a sense of empowerment and strong self esteem, two of the developmental assets identified by the Search Institute, which allow young people to make healthy choices and avoid risky behaviors. ⁴²



Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001.



Source: Boston Public Schools, Youth Risk Behavior Survey, 1993, 1997, 2001.

How is their emotional well-being?

Witnessing Violence:

There is a general downward trend in young people's exposure to violence. In 2001, 62% of respondents to the Boston Youth Survey witnessed violence in the previous year, down from 74% in 2000. The most common location for youth to witness violence was on the street. The least common place was in their homes. The most common forms of violence they witnessed were hitting or kicking; the least common was gun violence, witnessed by 16% of youth in 2001. Twenty-nine percent of youth witnessed violence perpetrated by a stranger, 25% witnessed violence by an acquaintance, 21% witnessed a friend engaging in a violent incident, and only 6% saw a family member commit an act of violence.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey 2000, 2001

Injuries from Violence:

The numbers of injuries youth sustain from weapons have also been decreasing over the last decade, at a time when the youth population itself has been growing. In 2001, only three weapons injuries to 10-14 year olds were treated in Boston's emergency rooms, and 94 patients aged 15 to 19 came to the ERs with weapons injuries.

In 2001 injuries from weapons were much higher among African-American youth than among their Hispanic or white counterparts: 13 per 10,000 versus 7 per 10,000 and 3 per 10,000 respectively.

Department of Public Health, Weapon-Related Injury Surveillance System

Risk of Violence:

Twenty-five percent of Boston Youth Survey teens see gang activity as a serious problem in their schools, and 30% view gangs as a serious problem in their neighborhoods. An additional 36% view gangs as somewhat of a problem in both locations.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001

• Increasing numbers of youth are not witnessing any violence in their homes, school or communities.

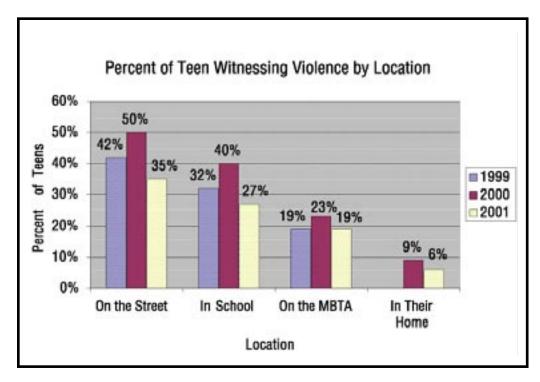
 Weapons injuries to Boston youth aged 10 to 19 have been halved since 1993.

Importance

How does violence affect their lives?

Violence in our communities affects the lives of young people in many ways. The fear of violence keeps them from playing outdoors, crossing neighborhood boundaries, and moving around the city. Fear of violence at school can cause school absences and decreased academic achievement.⁴³

The psychological harm of witnessing violence, and the physical and emotional injuries that occur when one is a victim of violence have lasting effects on youth. Experiencing violence as a teenager makes a young person more likely to have substance abuse problems, mental health problems including post traumatic stress disorder, and problems at school. ⁴⁴ Teens who have been the victims of violence are also more likely to commit violent offenses upon others, continuing the cycle of violence. ⁴⁵



Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 1999, 2000 and 2001.



Department of Public Health, Weapons-Related Injury Surveillance System, 2002.

How does violence affect their lives?

Key Findings Highlights 49

Substance Use:

While teen smoking rates have declined since the early 1990s, the rates of marijuana and alcohol use have continued to rise. In 2001, 42% of teens reported using alcohol in the past 30 days, and 22% reported using marijuana. Fifteen percent reported using tobacco, down from 21% in 1993.

Use patterns for alcohol, the clear drug of choice, have been stable since 1993. In 2001, 30% of Boston public high school students reported having their first drink before age 13. Eighteen percent reported binge drinking in the past two weeks.

Safe Sex:

In 2001, 73% of sexually active teens reported using a condom at the time of their last intercourse. White teens had the lowest rate of condom usage, with only 55% of sexually active teens reporting use of this protection. African-American teens had the highest rate, with 80% reporting condom use.

Eighty-seven percent of sexually active teens reported using some form of birth control during their last intercourse.

Seat Belts:

Since 1995, we have seen a slight increase in the number of teens who consistently wear seat belts when riding as passengers. In 2001, 30% of teens reported that they "never" or "rarely" wore their seat belt, down from 41% in 1995.

Boston Public Schools, Youth Risk Behavior Survey, 2001

- Teen smoking continues a gradual decrease.
- Marijuana and alcohol use have risen slightly since 1993.
- A higher percentage of teens smoke marijuana than smoke tobacco.
- Most teens use condoms and practice birth control if they are sexually active.
- Seventy percent of teens consistently wear seat belts when riding in a car.

Importance

What other risks are they taking with their health and safety?

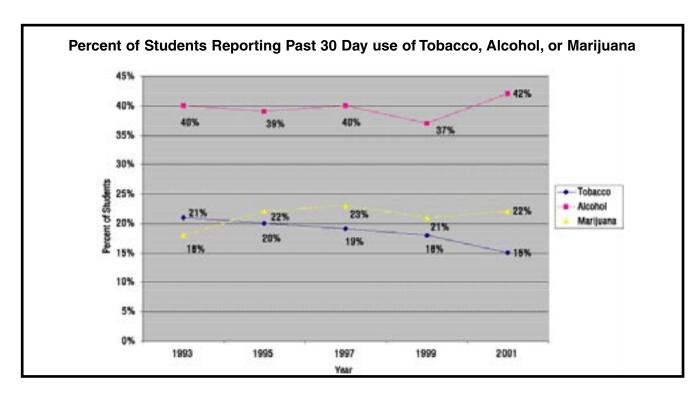
Smoking, drinking, and drug use among teens is of particular concern not only for the potential legal consequences, but because of the impact these substances have on the developing bodies and brains of young people. Teens who smoke tobacco are more likely than their non-smoking peers to drink alcohol and to use other drugs. As with all smokers, they are more likely to have respiratory problems. Teens who use marijuana are at greater risk for cognitive defects, anxiety attacks, damage to the immune system, and respiratory problems. As a Teens who drink are more susceptible to alcohol dependence in adulthood. Continued)

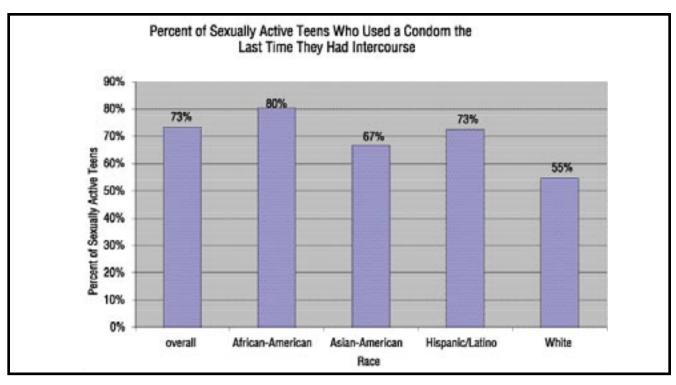
(continued)

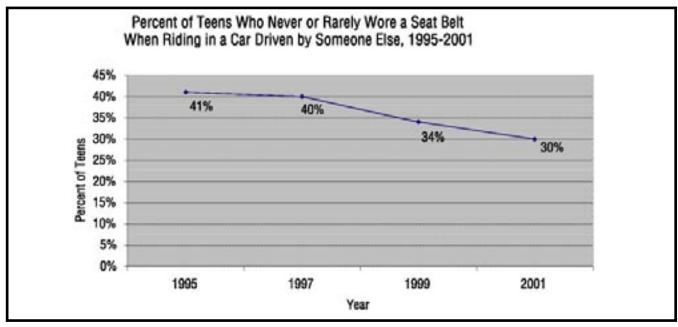
Substance use also carries significant behavioral consequences for teens. Teens who smoke marijuana also tend to experience more strains in their relationships with their parents and demonstrate more aggression and negative behaviors than their drug-free peers. 51 Teenagers who drink are more likely to have unprotected sex, use marijuana, and are more easily coerced into sexual activity. 52

Other risks taken by young people can mean the difference between life and death. Teens risk their lives by neglecting to wear seat belts. Car accidents are the leading cause of death for youth between the ages of 4 and 24.⁵³ The risk of fatal injury in an automobile accident can be reduced by almost 50% by the use of seat belts, yet nearly a third of young people report that they "rarely" or "never" wear them ⁵⁴

Unprotected sex also threatens the lives of young people. In addition to unintended pregnancy and contraction of a variety of sexually transmitted diseases, failure to use condoms during sexual intercourse increases the risk of HIV infection, the virus that causes AIDS.







Supportive Friendships:

Eighty-eight percent of teens who participated in the 1999 Boston Youth Survey reported a best friend or group of friends who cares about them. More teens (54%) would go to a friend for support than to anyone else when they feel stressed.

The most common topics of discussion among friends include relationships (discussed with friend by 71% of teens), finding a job (69%), schoolwork (58%), body piercing/tattoos (56%) and dreams/goals for the future (51%).

About 70% reported that their friends were a positive influence -- friends discouraged them from doing things that could hurt them, and thought doing well in school was important.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 1999, 2000, 2001

Intimate relations:

Rates of sexual activity among dating partners has decreased in the past decade. In 2001, about half of Boston Public High School students reported ever having sex, down from 61% in 1993. Slightly over one-third had had sex in the past three months, and one out of five reported four or more sexual partners in their lifetime.

Twenty-nine percent of teens reported conflict with a boyfriend or girlfriend as a source of stress in the past six months. Seven percent of boys and 13% of girls have experienced physical or sexual violence from a date and more than half (58%) perceived dating violence as a problem among their peers.

Boston Public Schools, Youth Risk Behaviors Survey, 2001 City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001

- Most teens (over two-thirds) have supportive close friends who are committed to positive social values.
- Approximately 70% of teens reported that their friends had a positive influence on them when it came to schoolwork and choosing positive behaviors.
- Sexual activity has decreased among Boston teens over the past decade.

Importance

How about their friends, peers and intimate relations?

Peer relationships become increasingly important as children grow into adolescence. The Search Institute identifies positive peer influence -- best friends who model positive, responsible behaviors -- as one of 40 developmental assets essential to healthy development. However, unstructured time "hanging out" with peers can also have detrimental effects on academic engagement and achievement, and not surprisingly, on participation in structured activities --- a major vehicles for exposing youth to positive peer and adult role models. 56

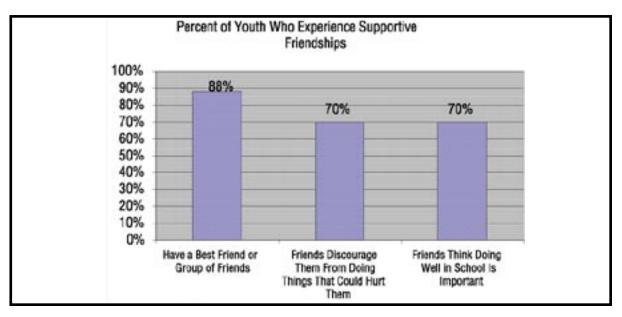
When friendships become romances, peer relations take on a new layer of complexity. Dating has both positive and negative effects on youth development. Teenagers who date regularly tend to have higher self-esteem than

(continued)

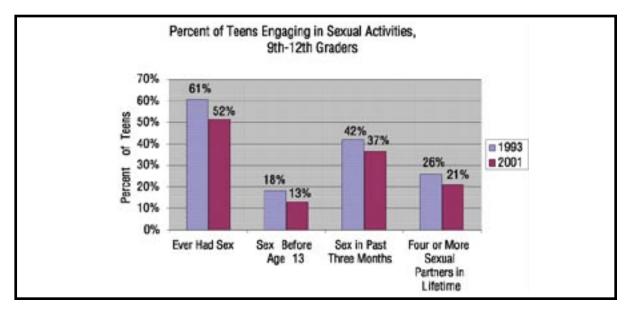
(continued)

those who do not. However, dating teens also have lower levels of academic engagement and achievement, report greater conflict with parents, and suffer from depression more than do their non-dating peers. 57

At the extreme, involvement in intimate relations put youth at risk for pregnancy and sexually transmitted diseases. Victims of dating violence are at increased risk for suicidal thought and eating disorders. ⁵⁸



Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 1999.



Parents Are Key:

Ninety-one percent of teens believe that their parents care about them "very much" or "quite a bit." When asked about adults in their lives who inspire them to work hard and achieve their dreams, 74% of Boston Youth Survey respondents said their mother played that role. For 47%, fathers were also inspiring and supportive. About a third of BYS respondents also cited other relatives as a source of inspiration.

Two-thirds of BYS respondents could confide in their mother if they needed help, and 37% felt comfortable confiding in their fathers.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 1999

Adults at School:

Sixty-two percent of Boston public high school students report that there is at least one adult at school to whom they can turn if they have a problem. In the Boston Youth Survey, 46% of respondents reported that their teachers cared about them "very much" or "quite and bit." Thirty-four percent of teens reported that a teacher inspired them to work hard and achieve their dreams.

Boston Public Schools, Youth Risk Behavior Survey, 2001 City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 1999

Other Adults:

Forty-one percent of Boston teens said there is an adult outside of school, who is not a parent or family member to talk about the things that are most important to them.

Boston Public Schools, Youth Risk Behavior Survey, 2001

• Almost all youth (96%) have at least one adult in their lives who inspires them to work hard and achieve their dreams.

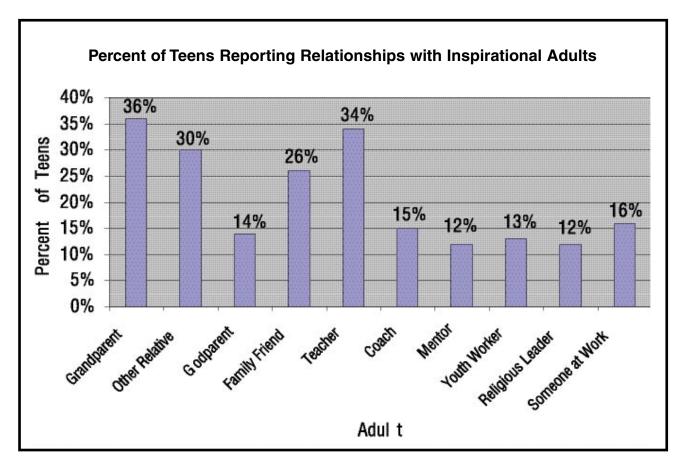
- Parents provide the most significant positive adult relationships for young people.
- Two-thirds of youth have adults at school to whom they could turn if they had a problem.
- Forty-one percent of teens can turn to a non-family adult outside of school to talk about things that are important to them

Importance

What about relationships with other caring adults?

As the current popularity of mentoring suggests, relationships between youth and caring adults can make significant contributions to healthy youth development. The Search Institute suggests that relationships with three or more non-parent adults can increase the likelihood of good outcomes for children and youth. S9 Studies of formal mentoring programs show that long-term mentoring relations can reduce the incidence of problem behaviors such as aggression and substance use, and lead to better attitudes toward school and fewer absences. S0

However, for most youth, parents remain the most significant adults in their lives. Warm, caring relationships with parents lead to higher self-esteem and fewer psychological or behavioral problems for children and youth, including reduced rates of teen pregnancy. It also insulates youth from associations with peers who make less than desirable role models. 61



Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey 1999.



What about relationships with other caring adults?

Trend Toward Further Education:

Seventy-five percent of teens who participated in the 2001 Boston Youth Survey aspired to continue their educations after graduation. By and large their plans were carried out. Seventy percent of the 2001 graduates of Boston public high schools were enrolled in post-secondary education or training one year after graduation, up from 50% in 1986.

Rates of attendance at four year colleges have also been increasing. In the class of 2001, 47% were enrolled in a four-year college one year after graduation.

However, the road to further education is not easy. Only 28% of teens who participated in the 1999 Boston Youth Survey saw no barriers to continuing their educations. The most commonly cited barriers included lack of money (37%), laziness (25%) and low grades (22%).

Work Also Key:

Half of all those continuing their educations were also employed. Three out of four of those who were not in school, working, or in the military reported they were actively looking for work.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey 1999, 2001

Boston Private Industry Council, College Enrollment and Labor Market Outcomes for

2001 Boston Public High School Graduates: Key Finding of the 2002 Follow Up Survey, 2002

Attitudes and Values:

Sixty-six percent of teens report feeling hopeful about their future all, most, or a lot of the time.

Successful work and family lives top the list of important life goals for teens. Eighty-nine percent of Boston Youth Survey respondents report that being successful in their work lives is a "very important" life goal, and 73% place similar value on a good marriage and family life.

Other common life goals include a variety of social goals related to making contributions to one's community and society in general.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 1999, 2001

• Seventy percent of Boston public high school graduates continue their educations. Half do so while they are working.

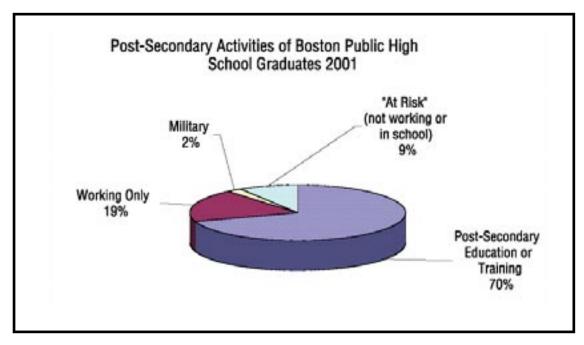
- Seventy-two percent report facing some barrier in their quest for further education.
- High quality work and family lives are the most important life goals for Boston teens.

Importance

What does their future hold?

No matter how optimistic youth are about their futures, successful transitions to adulthood must be supported by real opportunities to succeed both personally and professionally. In today's world, education and training beyond high school are critical if the next generation is to earn enough to support themselves and their families. ⁶² Without financial security for their families, the next generation of children will also face the consequences of inadequate income that challenge many of Boston's youth today.

Success in post-secondary education and training is built upon the solid foundation laid in pre-K to 12 schools. Recognizing this, organizations like the Boston Compact are working to bring together employers, colleges and universities, public schools, and other government entities to insure that our educational system can effectively nurture the workers and citizens of tomorrow.⁶³

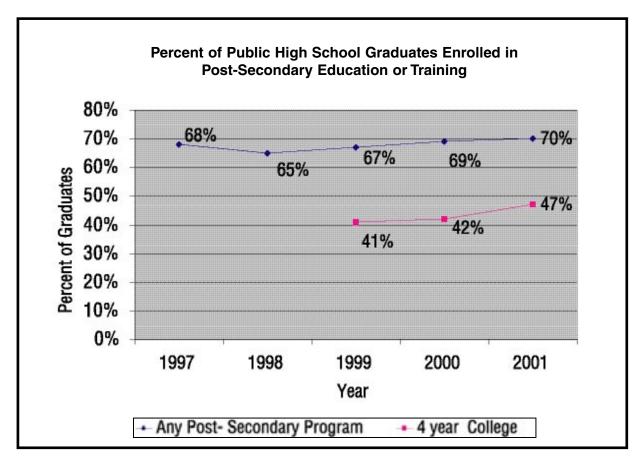


Source: Boston Private Industry Council, College Enrollment and Labor Market Outcomes for 2001 Boston Public High School Graduates: Key Finding of the 2002 Follow Up Survey, 2002.

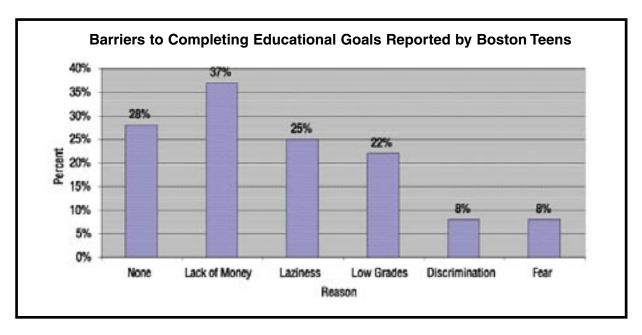
19 E-0.00 - 10 - 1 10 0.00 0.00 0.00 1.00 1.00 0.00 0.00	Percent of Teens
Being successful in my line of work	89%
Having a good marriage and family life	73%
Having lots of money	56%
Being a leader in the community	49%
Making a contribution to society	47%
Working to correct social and economic inequalities	44%

Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 1999.

What does their future hold?



Source: Boston Private Industry Council, The College Enrollment and Employment Patterns for Boston Public High School Graduates, Key Findings for Classes of 1997, 1998, 1999, 2000, and 2001, Executive Summaries.



Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey 1999.

What does their future hold?

Dropping Out:

Although drop out rates have remained relatively stable throughout the 1990s, they have dropped considerably from the high of 40% reached by the cohort of 9th graders who were scheduled to graduate in 1987. One quarter of the members of the class of 2000 dropped out before graduation. Drop out rates for Hispanics continue to be considerably higher than average, and for Asian considerably lower than average.

Boston Public Schools, Office of Research, Assessment and Evaluation, Q and A: Boston Public School 2000-2001: Student Drop Out, 2002

Crime:

Over the past decade the number of youth aged 14 to 19 arrested by Boston police has declined steadily. This decline is particularly notable since the youth population has grown during the same period. Youth crime over this period had remained fairly equally divided between violent and property crimes, though the ratio of violent to property crimes has climbed to 60:40 in 2000 and 2001.

Boston Police Department, Office of Strategic Planning and Resource Development, Youth Arrests for Part I and Part II Crime, 1993-2001

Teen Parents:

Teen parenthood has also decreased over the past decade. Births to teens fell from a high of 55 per 1,000 in 1993 to 35 per 1,000 teens aged 15 to 19 in 2000. Boston has the lowest teen birth rate among 50 major U.S. cities.

Boston Department of Public Health, MassCHIP, Vital Records Annie E. Casey Foundation, Right Start Online

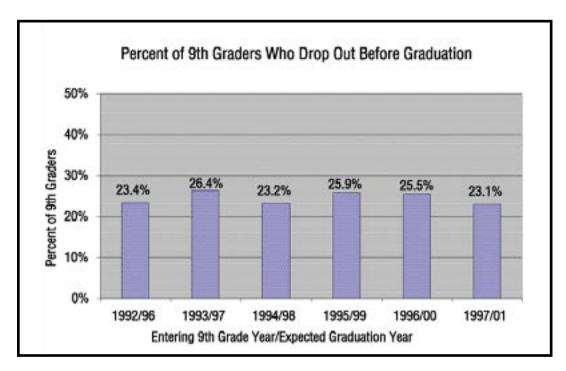
• One quarter of the class of 2000 dropped out before graduation, down from 40% in 1987.

- Arrests of youth for both violent and property crimes have fallen in the last decade
- Births to teens are also in decline, and Boston's teen birth rates are the lowest among 50 major cities.

Importance

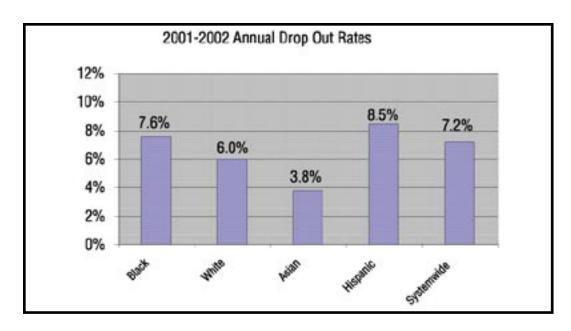
How about those who aren't making it?

While many teens may experience a variety of challenges during adolescence, some teens clearly face challenges with very serious long-term life consequences. Individuals who drop out of high school, for example, are more likely to be unemployed, earn less when they are employed, more likely to receive public assistance, and more likely to end up in prison. Teenage girls who become parents prematurely have high rates of poverty and welfare dependency, and lower prospects of marriage. Their children are at greater risk of low cognitive and emotional development. In the dependency of the development of the developmen



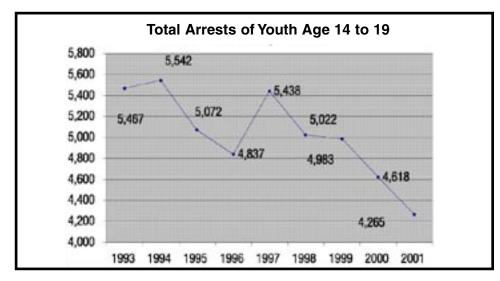
Note: This presents cohort data for students who began 9th grade on what proportion dropped out over the next five years. A student is considered a dropout at the end of the school year if he or she is not in school, has not graduated, and has not transferred to another school system.

Source: Boston Public Schools, Office of Research, Assessment and Evaluation, Q and A: Boston Public Schools 2001-2002: Student Dropout, 2003.

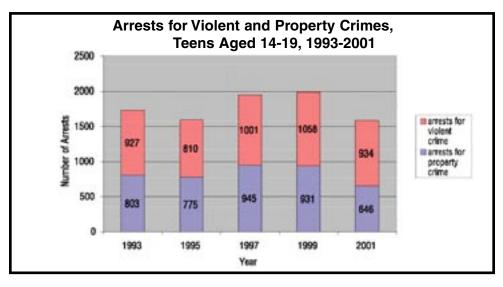


Source: Boston Public Schools, Office of Research, Assessment and Evaluation, Q and A: Boston Public Schools 2001-2002: Student Dropout, 2003.

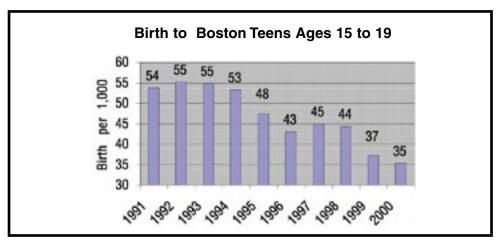
How about those who aren't making it?



Source: Boston Police Department, Office of Strategic Planning and Resource Development, Youth Arrests for Part I and Part II Crime, 1993-2001.



Source: Boston Police Department, Office of Strategic Planning and Resource Development, Youth Arrests for Part I and Part II Crime, 1993-2001.



Source: Massachusetts Department of Public Health, MassCHIP, Vital Records, 2002.

How about those who aren't making it?

Key Findings 65

High School Graduation Rates:

Young men in the Boston Public Schools made progress in improving their high school graduation rates compared to young women. In the class of 1999, only 44% of the graduates were young men vs. 56% young women. In the class of 2002, 46% were young men vs. 54% young women. The number of males graduating lags behind the number of females graduating particularly among blacks and Hispanics. Only among whites did more young men graduate than young women. Drop out rates for all racial/ethnic groups are higher among males than among females. The class of 2001's young men also lagged young women in attending a post-secondary educational or training program (64% vs. 75%). They were more likely to be working (and not in school) or in the armed forces than young women (27% vs. 16%).

Boston Private Industry Council, College Enrollment and Labor Market Outcomes for Class of 2001 Boston Public High School Graduates, 2002

Boston Public Schools, Class of 2002 exit data

Other School and Out-of-School Behavior Patterns: Males were less likely than females to do more than one hour of homework per night (38% vs. 44%). They were less likely to report getting A's and B's (49% vs. 55%), a smaller gap than the prior year. Males were less likely to report that getting good grades was important to their peers (66% vs. 74%). Males were less likely to take the MCAS exam seriously (76% vs. 85%).

Males were less likely than females to read for fun most days or every day (43% vs. 57%). Males had greater access than females to the Internet at home (78% vs. 71%). They were also more likely to report six or more hours per day of screen time: TV, video games and Internet for fun (29% vs. 20%).

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 1999, 2000, 2001

Males were somewhat more likely to attend a community-based after-school program than females (41% vs. 33%). The most frequent after-school destination for all teens was hanging out with friends (29%), with males somewhat more likely to do so than females (32% vs. 26%).

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001,

Importance

Population profiles: Males

The national trends are evident in Boston: males tend to experience more challenges to education (higher dropout rate, lower enrollment in post secondary education) than do females.⁶⁷

Coupled with their increased involvement with violent behaviors and rates of arrest for criminal behavior, these statistics present a troubling portrait of the lives of young males in Boston. 68, 69

Sports and Physical Activity:

Males between the ages of 5 and 18 were twice as likely to participate in sports and physical activity programs as females (67% vs. 33%). The top rated sports among males are baseball, basketball, soccer, swimming, and football.

Harvard Prevention Research Center, Play Across Boston: Summary Report 2002

Males were more likely than females to meet the US Surgeon General's goals for engaging in 30 minutes of moderate physical activity on five or more of the past seven days, and in vigorous physical activity for three or more of the past seven days (62% vs. 46%).

Boston Public Schools, Youth Risk Behavior Survey, 2001

Communication and Relationships: Males were more likely to report that, outside of school, there was a parent or adult family member they could talk with about important things in life (46% vs. 39%). However, they

Population Profile: Boston's Young Males

were less likely to report there was another (non-family) adult they could talk with (40% vs. 46%). In addition, they were less likely to report that there was a teacher or other adult in school they could talk with (58% vs. 67%).

Boston Public Schools, Youth Risk Behavior Survey, 2001

Two-thirds of all teens reported feeling as good as others, and also hopeful for the future in 2001. Males were more likely than females to report they never or rarely felt depressed last month (44% vs. 30%). Males were more likely than females to believe they handle stress well (51% vs. 37%), and cope with stress through exercise (36% vs. 17%).

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001

Safety:

In Boston between 1995-1999, male children and adolescents experienced twice the number of injury hospitalizations as female children and adolescents. This fuels an average overall annual injury hospitalization rate for Boston children that is 82% higher than the statewide rate.

Boston Public Health Commission, The Health of Boston, 2002

Teens – and especially males – think they are invincible on the road. More than a third of male teens never or rarely use seat belts riding in a car with another driver, compared to one quarter of females. One quarter of males and females had ridden in a car with a driver who had been drinking alcohol in the past 30 days. Of males who rode motorcycles, 51% never or rarely wore a helmet, compared to 45% of females. Of males who rode bicycles, 91% never or rarely wore a helmet, compared to 83% of females.

Boston Public Schools, Youth Risk Behavior Survey, 2001

Violence and Risk Behaviors: Fewer teens reported they witnessed violence in 2001 than 2000 (62% vs. 75%). Males were more likely than females to have witnessed violence on the MBTA, school, on the street, with a gun, or with a knife by margins of 5 to 7 percentage points.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001

Males are more likely to be in fights than females. Forty percent of Boston male teens were in a physical fight in the past year (vs. 27% of females). Yet Boston teens' rates of physical fighting have decreased by 10 percentage points since 1993, and are comparable to Massachusetts' teens. The percentage of teens carrying a weapon in the last 30 days fell from 28% in 1993 to 16% in 2001, and was higher for males than females (24% vs. 9%).

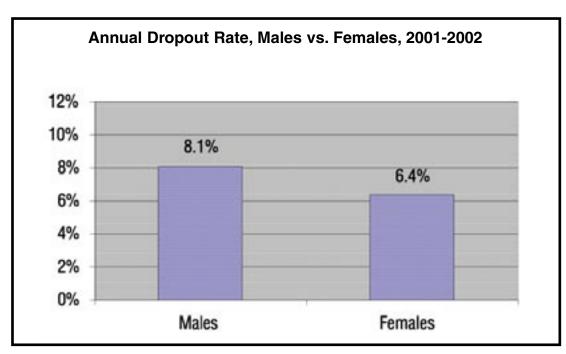
Boston Public Schools, Youth Risk Behavior Survey, 2001

Males far outpace females in arrests for criminal behavior. Males committed 81% of all violent crimes, and 73% of all property crimes in Boston in 2001, and comprised 81% of all arrests by the Boston Police Department in 2001. Between 1997 and 2001, violent crimes rose 15% for youth ages 7-13, while it fell 7% for those ages 14-19. For all youth ages 16 and under, violent crimes rose 3%, property crimes fell 35%, and all arrests (including drugs and other) fell 25%.

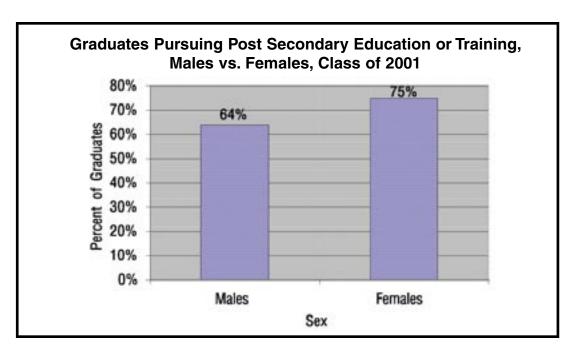
Boston Police Department, Youth Arrests, and Arrests by Race/Ethnicity, Gender, and Age Group

Many risk behaviors are equal-opportunity threats to teens. Boston's male teens are just as likely as females during the past 30 days to smoke (18% vs. 17%) or drink alcohol (42% vs. 42%), or not use birth control in their last contact (15% vs. 14%). They are less likely to report having sex without a condom in their last contact (23% vs. 30%). They are somewhat more likely to use marijuana in the past 30 days (25% vs. 18%), or to binge drink (21% vs. 16%). On the positive side, Boston's teens are less likely than their statewide peers to smoke, drink, use marijuana, or other drugs.

Boston Public Schools, Youth Risk Behavior Survey, 2001



Source: Boston Public Schools, Office of Research, Assessment and Evaluation, Q and A: Boston Public Schools 2001-2002: Student Dropout, 2003.



Source: Boston Private Industry Council, College Enrollment and Labor Market Outcomes for Class of 2001 Boston Public High School Graduates, 2002.

Population Profile: Boston's Young Males

Key Findings

High School Graduation Rates:

Young women continue to graduate from Boston public high schools at higher rates than men. In the class of 1999, 56% of the graduates were young women vs. 44% young men. In the class of 2002, 54% were young women vs. 46% young men. Female graduation rates are especially higher among blacks and Hispanics; while among whites more young men graduate than young women. The class of 2001's young women led young men in attending a post-secondary educational or training program (75% vs. 64%). In contrast, young women were less likely to be working (and not in school) or in the armed forces than young women (16% vs. 27%).

Boston Private Industry Council, College Enrollment and Labor Market Outcomes for Class of 2001 BPHS Graduates, 2002 Boston Public Schools, Class of 2002 exit data

Other School and Out-of-School Behavior Patterns: Females were more likely than males to do more than one hour of homework per night (44% vs. 38%). They were more likely to report getting A's & B's (55% vs. 49%), a smaller gap than the past year. Females were more likely to report that getting good grades was important to their peers (74% vs. 66%). They were more likely to take the MCAS exam seriously (85% vs. 76%), rates increased for younger teens. However, females were more likely than males to report missing school because of personal/family responsibilities (23% vs. 14%) and trouble at home (12% vs. 7%). They were also more likely to identify "cost" as a potential barrier to college education.

Females were more likely than males to read for fun most days or every day (57% vs. 43%). Females had somewhat less access than males to the Internet at home (71% vs. 78%). They were also less likely to report six or more hours per day of screen time: TV, video games and Internet for fun (20% vs. 29%).

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 1999, 2000, 2001

Females were somewhat less likely to attend a community-based after-school program than males (33% vs. 41%). Females were more interested in dance, music, tutoring, drama, photography, writing, SAT prep, and peer leadership activities; males were more interested in martial arts and intramural sports.

Importance

Population profiles: Females

In many of the indicators, girls and young women fare better than boys and young men. However, some critical issues for girls remain. Primary among these are issues of nutrition and body image, teen pregnancy and victimization from dating violence. Girls continue to exceed boys in rates of sexual or physical abuse by a date. The percent of teens suffering from eating disorders is also disproportionately female. ⁷⁰, ⁷¹

The most frequent after-school destination for all teens was hanging out with friends (29%), with males somewhat more likely to do so than females (32% vs. 26%). Females were more likely to report going home to parents than males (27% vs. 20%), and also going to work (23% vs. 17%).

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey 2001

Sports and Physical Activity:

Females between the ages of 5 and 18 were half as likely to participate in sports and physical activity programs as males (33% vs. 67%). The top rated sports among females are basketball, swimming, tennis, soccer, and dance. While fewer females participate in sports programs, those that participate do so more frequently: about 30% more days during the school year, and 50% more days during the summer.

Harvard Prevention Research Center, Play Across Boston: Summary Report 2002

Females were less likely than males to meet the U.S. Surgeon General's goals for engaging

Population Profile: Boston's Young Females

in 30 minutes of moderate physical activity on five or more of the past seven days, and in vigorous physical activity for three or more of the past seven days (46% vs. 62%).

Boston Public Schools, Youth Risk Behavior Survey, 2001

The majority of females report they are trying to lose weight, vs. under a third of males (52% vs. 30%). Yet only 34% of female teens report they are slightly or very overweight, as do only 23% of males.

Boston Public Schools, Youth Risk Behavior Survey, 2001

Communication and Relationships:

Females were more likely to talk with a parent or other family adult about sexuality and prevention of pregnancy, HIV/AIDs and STDs (59% vs. 49%). Females were less likely to report that, outside of school, there was a parent or adult family member they could talk with about important things in life (39% vs. 46%). However, they were more likely to report there was another (non-family) adult they could talk with (46% vs. 40%). In addition, they were more likely to report that there was a teacher or other adult in school they could talk with if they had a problem (67% vs. 58%).

Boston Public Schools, Youth Risk Behavior Survey, 2001

Two-thirds of all teens reported feeling as good as others, and also hopeful for the future in 2001. Females were less likely than males to report they never or rarely felt depressed last month (30% vs. 44%), and more likely to report feeling depressed all, most or a lot of the time (29% vs. 22%).

Females were more likely to report stress from a variety of factors, with the widest differences among the following: homework/school grades (48% vs. 33%), conflicts with boyfriend/girlfriend (39% vs. 19%), conflict with friends (35% vs. 23%), depression (28% vs. 14%), and eating habits/body image (24% vs. 9%). Females were more likely than males to believe they handle stress well (37% vs. 51%). To deal with stress, females were more likely than males to go to friends (64% vs. 45%) or family (48% vs. 40%).

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001

Safety:

Female teens were more likely than males to report always or mostly being monitored by their parents on their activities (58% vs. 46%). For all teens, parental monitoring decreased with age (60% of 13-14 year olds, 53% of 15-16 year olds, and 46% for 17-18 year olds).

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2000

Ninety-five percent of all teens felt safe at home, 88% in classes, 83% at youth centers, 80% in their neighborhood, 76% getting to or from school, 71% on the MBTA, and 70% downtown. However, females felt less safe than males on the MBTA and downtown.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001

Teens – including females – think they are invincible on the road. One quarter of female teens never or rarely use seat belts riding in a car with another driver, compared to more than a third of male teens. One quarter of females and males had ridden in a car with a driver who had been drinking alcohol in the past 30 days. Of females who rode motorcycles, 45% never or rarely wore a helmet, compared to 51% of males. Of females who rode bicycles, 83% never or rarely wore a helmet, compared to 91% of males.

Boston Public Schools, Youth Risk Behavior Survey, 2001

Violence and Risk Behaviors:

Forty percent of female teens felt sad or hopeless almost every day for at least two weeks in a row, vs. 25% of males. Females were more likely than males to consider suicide (19% vs. 13%) make a plan about it (14% vs. 12%), or attempt suicide (13% vs. 10%). However, males were more likely to require medical treatment following a suicide attempt (6% vs. 4%).

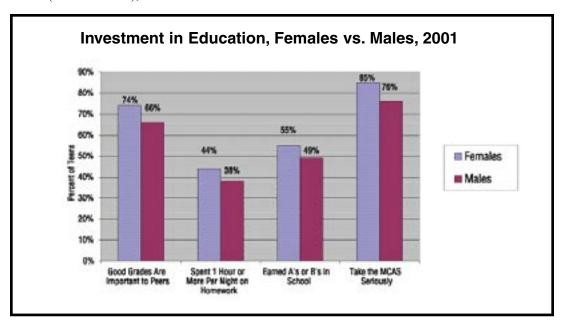
Twice as many females as males report being hurt physically or sexually on a date (13% vs. 7%). Similar numbers of female and male teens report ever being pregnant or getting someone pregnant (9% vs. 8%).

Boston Public Schools, Youth Risk Behavior Survey, 2001

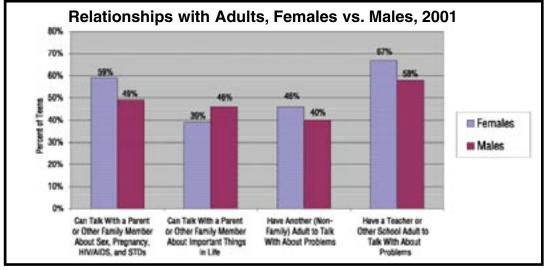
Many risk behaviors are equal-opportunity threats to teens. Boston's female teens are just as likely as males during the past 30 days to smoke (17% vs. 18%) or drink alcohol (42% vs. 42%), or not use birth

control in their last contact (14% vs. 15%). They are more likely to report having sex without a condom in their last contact (30% vs. 23%). They are somewhat less likely to use marijuana in the past 30 days (18% vs. 25%), or to binge drink (16% vs. 21%). On the positive side, Boston's teens are less likely than their statewide peers to smoke, drink, use marijuana, or other drugs.

Boston Public Schools, Youth Risk Behavior Survey, 2001



Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001.



Source: Boston Public Schools, Youth Risk Behavior Survey, 2001.

Population Profile: Boston's Young Females

Key Findings 73

The City of Boston's annual Boston Youth Survey (BYS) defines recent immigrant teens as those living in the U.S. four years or less. BYS data was used to construct the following profile.

Strong work ethic around school and education: Eighty-five precent of recent immigrant teens reported the importance of good grades to their friends or peers; 55% said it was very important, higher than any other demographic group. They are more likely to spend more than one hour on homework (53% vs. 39%), report better grades, less likely to identify "low grades" or "laziness" as barriers to their educational aspirations, less likely to miss school for non-sick reasons, and less likely to report "tiredness/overslept" as a reason for missing school. However, immigrant teens were more likely than US-born teens to report finding the MCAS exam "too hard" (55% vs. 44%).

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001

Recent immigrant teens are less likely to report never eating breakfast before school (34% vs. 47%), more likely to report spending two hours or less per day in front of a TV, computer or video screen (48% vs. 34%), less likely to have a TV in their room (63% vs. 75%), more likely read for fun every or most days (62% vs. 50%), and more likely to feel connected to school and that their teachers cared about them. Recent immigrants had the highest rate of all teens in library attendance as an after school activity, at 19%.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 1999, 2000, 2001

Social isolation:

Recent immigrant teens were more likely to report most frequently going home alone after school (32% vs. 18% total) and less likely to hang out with friends (12% vs. 29%), less likely to report doing community service (31% vs. 39%), less likely to go to friends when feeling stressed (34% vs. 56%), and less likely to talk with their friends about a wide range of topics.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001

Importance

Population profiles: Recent Immigrants

While long-term immigrant teens (those that have been in the United States five or more years) share experiences that are more similar to their US born counterparts, recent immigrant teens report behaviors and experiences that are significantly different from other teens. Responses from recent immigrants stand out in a number of areas, primarily in their stronger connection to their families, higher degree of social isolation, increased amount of time spent on homework, and heightened perceptions of the difficulty of the MCAS exam. ⁷²

Given the high percentage of immigrants in Boston and its school system, the unique experiences of recent immigrant teens are of great importance in designing targeted services, education, and programming for these young people.

Parental contact:

Recent immigrant teens were more likely to eat dinner with their parents (51%) than longer-term immigrant (36%) or US-born teens (42%). They were also more likely to be monitored than US-born teens (59% vs. 53%), but less likely than US-born or longer-term immigrants to talk with their parents about many topics.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2000

Fearfulness:

Recent immigrant teens were consistently less likely to feel safe at home, at school, in a youth center, and at other locations than other teens. At the same time, they were also much less likely to have witnessed any violence than

Population Profile: Recent Immigrant Teens

longer-term immigrant or US-born teens (44% vs. 61% and 64%). They were more likely to consider gang activity a serious concern in their school and neighborhood, and more likely to consider dating violence a problem.

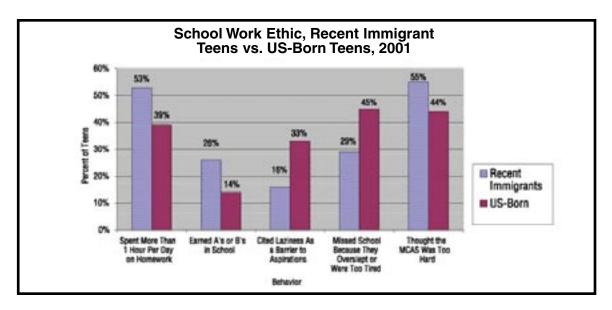
City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001

Mental health:

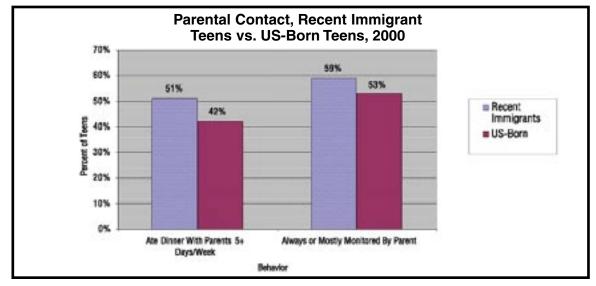
Recent immigrant teens were as likely as US-born teens to report feeling hopeful a lot of the time (both at 67%), and more likely to feel hopeful than longer immigrant teens (62%). However, recent immigrant

teens were more likely to feel depressed a lot of the time than US-born teens (32% vs. 24%), though there were less likely to report stress in various areas. To deal with stress, immigrant teens were more likely to seek a health professional than US-born teens (15% vs. 9%), more likely to go to a religious leader (15% vs. 8%) or a teacher (17% vs. 8%), but less likely to go to family members (39% vs. 47%) or to a friend (34% vs. 56%) than US-born teens.

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001



Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001.



Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2000. 27. Population Profile: GLBT Teens

Population Profile: Recent Immigrant Teens

The 2001 Boston Youth Survey (BYS) of teens collected data on demographics, mental health, and family/home life from gay, lesbian, bisexual, transgender, and questioning/ not sure teens (GLBT/Q). It is important to note that these findings come from only one year's survey sample. Future year BYS surveys will be used to further confirm or revise these findings.

Demographics:

GLBT teens were more likely than the total sample to be multi-racial/ethnic (44% vs. 14%) and less likely to be black or Latino. They are also more likely to be immigrant (47% vs. 24%), particularly recent immigrant (23% vs. 9%). Questioning teens were also more likely to be immigrants (49%), particularly recent immigrants (24%). GLBT (20%) and questioning (13%) teens were more likely to be "higher risk" educationally (vs. 5%), that is, in an alternative school, GED program or not in school.

Mental health:

GLBT teens were far more likely to report feeling depressed most or all of the time during the prior month (52% GLBT, 48%Q, vs. 25% total). Only 17% of GLBT teens reported never or rarely feeling depressed (vs. 38% of all teens). Both GLBT and questioning teens were less likely than straight teens to report feeling hopeful for the future most or all of the time (54% vs. 67%). GLBT teens were twice as likely to have experienced 12 or more stressful conditions in the past 12 months than were straight teens (11% vs. 6%). GLBT teens were more likely to report using alcohol/drugs (30% vs. 12%) or hurting/cutting themselves (20% vs. 3%) as a way of coping with the stress they felt. They were far less likely than straight teens to believe that they handled stress well (24% vs. 46%) and far more likely to believe that they did not handle stress well (40% vs. 16%). Both GLBT and questioning teens were more likely to report "not believing in themselves" as a barrier to achieving their educational goals (14% vs. 6%).

Family/home life:

GLBT teens were far less likely to live with their mother (45% vs. 82%), but more likely to live with a stepmother, female guardian or father's girlfriend, as well as with a foster family, in a group home or shelter, by themselves, or with a boyfriend/girlfriend. They were much less satisfied communicating with either parent. They were less likely

Importance

Population profiles: Gay, Lesbian, Bisexual, Transgender, and Questioning Teens

Gay, lesbian, bisexual, transgender and questioning teens consistently experience more challenges to mental health and involvement in risk factors than do their heterosexual peers. They are more likely to feel unsafe at school, to be in a physical fight, to have sex against their will, to hurt or cut themselves to handle stress, and to have low self-esteem, making them some of our most "at-risk" teens for drug and alcohol abuse, depression and suicide. ⁷³, ⁷⁴

to feel safe in their home (79% vs. 95%) and more likely to have witnessed violence there (17% vs. 6%).

City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001

Risk behaviors:

In addition, the 2001 Youth Risk Behavior Survey collected data on risk behaviors, and the BPS Office of Research, Assessment and Evaluation correlated these data with students who reported a sexual experience with a same gender partner, or identified as gay, lesbian, or bisexual. Findings: Gay, lesbian or bisexual experience or identity teens were more likely in the past year to have at least one physical fight (51% vs. 32%), have seriously considered suicide (40% vs. 15%), or made a suicide attempt (29% vs. 10%). They also reported that in the past month, they were more likely to have smoked (38% vs. 14%), carried a weapon (31% vs. 15%), used marijuana (29% vs. 21%), done binge drinking (five or more drinks in a day, 27% vs. 18%), had sexual contact against their will (25% vs. 8%), and didn't go to school because of feeling unsafe (23% vs. 9%).

Boston Public Schools, Youth Risk Behavior Survey, 2001

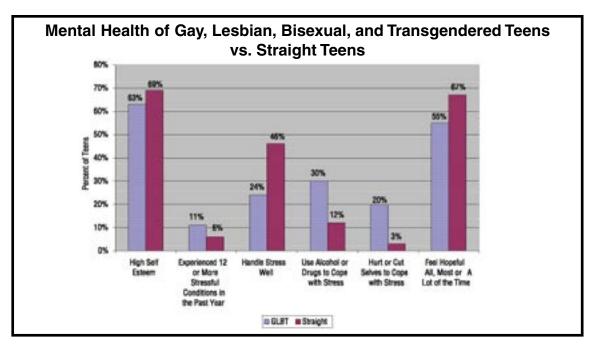
Health issues:

76

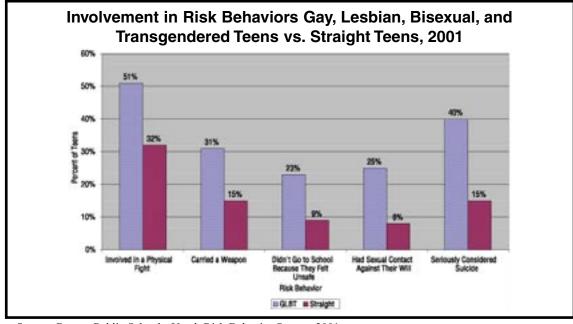
The Boston Public Health Commission identified the following health issues for GLBT populations based on significant health disparities: 1) social stigma that leads to stress, violence and discrimination; 2) invisibility to health practitioners that leads to underscreening and missed intervention opportunities; 3) invisibility to institutions that leads to over-looking and under-serving needs; 4) policy issues, such as that LGBT individuals are less likely to have health insurance (as adults and children); 5) higher incidence

of violence based on perpetrators' perception of sexual orientation; 6) impact on mental health; 7) impact on substance abuse; and 8) greater STD risks. Youth programs should work to address these issues.

Boston Public Health Commission, The Health of Boston, 2002



Source: City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001.



Source: Boston Public Schools, Youth Risk Behavior Survey, 2001.

Population Profile: GLBTQ Teens

II. References

- ¹ Child Trends. http://www.childtrendsdatabank.org/demo/basic/60RaceandEthnicComposition.htm, 6/2/03.
- ² Kids Count Databook Online. Percent of families with children headed by a single parent. www.aecf.org/kidscount/kc2002/summary/summary12.htm, 6/4/03.
- ³ Aquilino, W.S. (1996). The life course of children born to unmarried mothers: Childhood living arrangements and young adult outcomes. Journal of Marriage and the Family, 58, 293-310.

77

- ⁴ Fields, J., Smith, K., Bass, L.E., & Lugaila, T. (1994). A child's day: Home, school, and play: Selected indicators of child well-being. U.S. Census Bureau: Current Population Reports.
- ⁵ Ehrle, J., & Geen, R. (2002). Children cared for by relatives: Who are they and how are they faring? Number B-28. The Urban Institute: New Federalism: National Survey of America's Families. http://www.urban.org/url.cfm?ID=310511, 6/4/03.
- ⁶ Brooks-Gunn, J., Duncan, G.J., Klebanov, P.K, & Sealand, N. (1993). Do neighborhoods influence child and adolescent development? American Journal of Sociology 99, no. 2: 353-95.
- ⁷ Boston Office of Community Partnerships. (2002). Youth development report: Everybody's out there for youth, Volume 1. p. 40
- 8 Moore, K.A., & Redd, Z. (2002) Children in poverty: Trends, consequences, and policy options. Washington, D.C.: Child Trends Research Brief.
- Wertheimer, R., Long, M., & Jager, J. (2002) Children in working poor families: Update and extension. Washington, D.C.: Child Trends. Moore, K.A., & Redd, Z. (2002) Children in poverty: Trends, consequences, and policy options. Washington, D.C.: Child Trends Research Brief.
- ¹⁰ Moore, K.A., & Redd, Z. (2002) Children in poverty: Trends, consequences, and policy options. Washington, D.C.: Child Trends Research Brief.
- ¹¹ Bacon, J. & Russell, L.H with Pearce, D. (2000). The Self-sufficiency Standard: Where Massachusetts Families Stand. Boston: Women's Educational and Industrial Union.
- ¹² Petterson, S.M, & Albers, A.B. (2001). Effects of poverty and maternal depression on early child development. Child Development. 72, 1794-1813.
- 13 Office of Community Partnerships. (2000). Youth development report: Everybody's out there for youth, Volume II. p. 17
- ¹⁴ The Annie E. Casey Foundation. 2000 Kids Count Online. www.aecf.org/kidscount/kc2000/overview5.htm, 6/6/03
- 15 Child Trends Databank. Late or no prenatal care. www.childtrendsdatabank.org/demo/outcomes/25PrenatalCare.htm 6/6/03.
- Mathews, T.J. (1998). Smoking during pregnancy, 1990-96, National Vital Statistics Reports, Vol. 47, No. 10. Hyattsville, MD: National Center for Health Statistics. http://www.cdc.gov/nchs/data/nvsr/nvsr47/nvs47 10.pdf, 6/5/03.
- 17 Shonkoff, J. P. & Phillips, D.A. From neurons to neighborhoods: The science of early childhood development. http://books.nap.edu/books/0309069882/html/1.html#pagetop , 6/6/03.
- ¹⁸ Henderson, A.T., & Berla, N. (1994). A new generation of evidence: The family is critical to student achievement. Washington, DC: National Committee for Citizens in Education,.
- ¹⁹ Young, M.H., Miller, B.C., Norton, M.C., & Hill, E.J. (1995). The effect of parental supportive behaviors on life satisfaction of adolescent offspring. Journal of Marriage and the Family, 57, 813-822.
- Young, M.H., Miller B.C., Norton, M.C, & Mill, E.J. (1995). The effect of parental supportive behaviors on life satisfaction of adolescent offspring. Journal of Marriage and the Family, 57, 813-822.
- ²¹ Guterman, N.B. (2001). Stopping child maltreatment before it starts: Emerging horizons in early home visitation services. Thousand Oaks, CA: Sage Publications.
- ²² Entwisle, D. R., & Alexander, K. L. (1993). Entry into School: The beginning school transition and educational stratification in the United States. Annual Review of Sociology, 19, 401-423.
- ²³ Child trends databank. Reading Proficiency. www.childtrendsdatabank.org/eduskills/assessments/29ReadingProficiency. htm 6/6/03.
- ²⁴ Child Trend Databank, www.childtrendsdatabank.org/gfamily/school/38unsafeatschool.htm, June 3, 2003.
- ²⁵ www.search -institute.org/assets/forty.htm, 8/21/01.
- 26 Jordan, W., & Nattles, S.M. (1999). How students invest their time out of school: Effects on school engagement, perceptions of life chances, and achievement. Washington, D.C. Center for Research on the Education of Students Placed At Risk.
- ²⁷ Childtrends Databank. Watching Television. http://childtrendsdatabank.org/eduskills/behaviors/55WatchingTV.htm, 6/4/03.

- ²⁸ Jordan, W., & Nattles, S.M. (1999). How students invest their time out of school: Effects on school engagement, perceptions of life chances, and achievement. Washington, D.C.: Center for Research on the Education of Students Placed At Risk.
- ²⁹ Substance Abuse and Mental health Services Administration. (2001). Teen Sports Participation and Substance Use Among Youths, February 8, 2002. http://www.samhsa.gov/oas/2K2/athletes_druguse.htm, 6/2/02.
 National Commission on Service Learning. (2001). Learning in deed: The power of service-learning for American

schools. http://servicelearningcommission/slcommission/report.html, 6/4/03.

- Winner, E., & Hetland, L. (2000). The arts and academic achievement: What the evidence shows. Boston: Reviewing Education and the Arts Project. http://www.pz.harvard.edu/research/reap/htm, 6/4/03.
- Bridges, L.J., & Moore, K.A. (2002) Religious involvement and children's well-being: What the research tells us (and what it doesn't). Child Trends Research Brief. Washington, D.C.: Child Trends.
- 30 Zaff, J.F., O-Neill, S.A., & Eccles, J.S. (2002). What does arts participation in adolescence predict on early adulthood? Washington, D.C: Child Trends, unpublished paper, as cited at www.childtrendsdatabank.org/family/school/36achoolarts. htm, 6/4/03.
- Morgan, W, & Streb, M. (2001). The Impact of Service-Learning on Political Participation. http://pro-harvard.edu/papers/037/037008MorganWill.pdf as cited at www.childtrendsdatabank.org/family/school/volunteering.htm, 6/4/02. National Commission on Service Learning (2001). Learning in deed: The power of service-learning for American schools. http://servicelearningcommission/slcommission/report.html, 6/4/03.

32 Childtrends Databank. Home computer access and internet use. http://childtrendsdatabank.org/eduskills/assets/ 69HomeComputerUse.htm 6/4/03

- Newburger, E.C. Home computers and internet use in the United States: Special studies. Current Population Reports, P23-207, U.S. Department of Commerce Economics and Statistics Administration, U.S. Census Bureau, August 2000. http://www.census.gov/prod/2001pubs/p23-207.pdf 6/4/03
- 34 Childtrends Databank. Vigorous physical activity by youth. http://childtrendsdatabank.org/health/behaviors/16physicalactivity.htm, 6/4/03.
- ³⁵ Gidding, S., Leibel, R., Daniels, S., Rosenbaum, M., van Horn, L., & Marx, G. Understanding obesity in youth. American Heart Association Medical/Scientific Statement, 1996. http://circ.ahajournals.org/cgi/content/full/94/12/3383, 6/4/03.
- ³⁶ National Institute of Mental Health, Eating disorders: Facts about eating disorders and the search for solutions. NIH Publication No. 01-4901. http://www.nimh.nih.gov/publicat/eatingdisorder.cfm, 6/4/03.
- 37 American Psychiatric Association. Disease definition, epidemiology, and natural history. Table 7: Physical Complications of Bulimia Nervosa. http://www.psych.org/clin_res/guide.bk-4.cfm#CIHFJJHF 6/4/03
- ³⁸ National Center for Environmental Health. Asthma's impact on children and adolescents. www.cdc/gov/nceh/airpollution/asthma/children.htm, 6/4/03.
- ³⁹ Boston Public Health Commission. The Health of Boston, 2002. p. 68
- ⁴⁰ Office of Community Partnerships, (2000). Youth development report: Everybody's out there for youth., p.72
- 41 Child trends databank. Adolescents who feel sad or hopeless. www.childtrendsdatabank.org/health/mental/30FeelSadorHopeless.htm, 6/4/03.
- ⁴² Search Institute. Forty developmental assets. www.search-institute.org/assets/forty.htm , 8/23/01.
- ⁴³ Child Trends Databank. Youth who feel unsafe at school. www.childtrendsdatabank.org/family/school/38UnsafeatSchool. htm, 6/4/03.
- 44 Menard, S. (2002). Youth violence research bulletin: Short- and long-term consequences of adolescent victimization: Office of Juvenile Justice and Delinquency Prevention and the Centers for Disease Control and Prevention. http://www.ncjrs.org/pdffiles1/ojjdp/191210.pdf, 6/4/03.
- 45 Wordes, M., & Nunez, M. (2002). Our vulnerable teenagers: Their victimization, its consequences, and directions for prevention and intervention: National Council on Crime and Delinquency: 13. http://www.ncvc.org/teens/6/4/03
- ⁴⁶ Child trends databank. Daily cigarette use. www.childtrendsdatabank.org/health/drugs/3Smoking.htm 6/4/03.
- ⁴⁷ U.S. Department of Health and Human Services. (1994). Preventing tobacco use among young people: A report of the Surgeon General. Washington, D.C.: U.S. GPO. http://www.cdc.gov/tobacco/sgryth2.htm, 6/4/03.
- ⁴⁸ Infofax, N. Science based facts on drug abuse and addiction: marijuana. National Institute on Drug Abuse, National Institutes on Health. http://www.nida.nih.gov/Infofax/marijuana.html ,6/4/03.
- ⁴⁹ Hubbard, J.R., Franco, S.E., Onaivi, E.S. (1999). Marijuana: Medical implications. The American Academy of Family Physicians. http://www.aafp.org/afp/991201ap/2583.html, 6/4/03.
- ⁵⁰ Child Trends Databank, Binge drinking. www.childtrendsdatabank.org/health/drugs/2BingeDrinking.htm, 6/4/03.
- ⁵¹ Infofax, N. Science based facts on drug abuse and addiction: Marijuana. National Institute on Drug Abuse, National Institutes on Health. http://www.nida.nih.gov/Infofax/marijuana.html, 6/4/03.

- ⁵² National Institute on Alcohol Abuse and Alcoholism. (1997). Youth drinking: Risk factors and consequences. Alcohol Alert NO. 37. http://www.niaaa.nih.gov/publications/aa37.htm, 6/4/03.
- ⁵³ Minino. A.M. & Smith, B.L. "Deaths: Preliminary data for 2000." National Vital Statistics Reports; vol 49 no 12. Hyattsville, Maryland: National Center for Health Statistics. 2001. http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49 12.pdf (See Table7) 6/4/03
- 54 Presidential Initiative for Increasing Seat Belt Use Nationwide: Recommendations from The Secretary of Transportation. National Highway and Transportation Safety Administration. Available online at: http://www.nhtsa.dot.gov/people/injury/ airbags/presbelt/index.html 6/4/03
- 55 www.search_institute.org/assets/forty.htm (8/23/01)
- ⁵⁶ Jordan, W., & Nettles, S.M. (1999). How students invest their time out of school: Effects on school engagement, perceptions of life chances, and achievement. Washington, D.C. Center for Research on the Education of Students Places At Risk.
 57 Child Trends Databank. Dating. http://childrentdsdatabank.org.socemo/childbearing/73dating.htm, 6/3/03.
- ⁵⁸ Ackard, D.M. and Neumark-Sztainer. (2002) Date violence and date rape among adolescents: Associations with disordered eating behaviors and psychological health. Child Abuse and Neglect, 26, 455-473 cites at www. childtrendsdatabank.org/family/peer/66datingviolemce.htm, 6/4/03.
- 59 Search Institute. Forty developmental assets. www.search_institute.org/assets/forty.htm , 8/23/01.
- ⁶⁰ Jekielak, S.M., Moore, K.A., Hair, E.C., & Scarupa, H.J. (2002). Mentoring: A promising strategy for youth development. Washington, D.C.: Child Trends Research Brief.
- ⁶¹ Scaramella, L.V., Conger, R.D., Simons, R.L., & Whitbeck, L.B. (1998). Predicting risk for pregnancy by late adolescence: A social Contextual perspective. Developmental Psychology, 34, 1233-1245 cited at www. childtrendsdatabank.org/family/thefamily/52parentalwarmthaffection.htm, 6/4/03.
- 62 Kaufman, P., Alt, M.N., & Chapman, C.D. (2001) Dropout Rates in the United States: 2000. Washington ,D.C.: National Center for Education Statistics. http://nces.ed.gov/pubs2002/droppub_2001/
- 63 http://www.bostonpic.org/compact.htm, 6/4/03.
- ⁶⁴ Kaufman, P., Alt, M.N., & Chapman, C.D. (2001) Dropout Rates in the United States: 2000. Washington, D.C.: National Center for Education Statistics. http://nces.ed.gov/pubs2002/droppub 2001/
- 65 Geronimus, A. T., & Korenman, S. (1992). The Socioeconomic Consequences of Teen Childbearing Reconsidered. The Ouarterly Journal of Economics ,107, 1187-1214.
 - Hoffman, S. D., Foster, E.M., & Furstenberg, F.F. (1993). Reevaluating the Costs of Teenage Childbearing. Demography, 30, 1-13.
- 66 Kalb, G, & Williams, J. (2002) The relationships between Juvenile and Adult Crime. Melbourne, Australia: Melbourne Institute of Applied Economis and Social Research, http://eprints.unimelb.edu.au/archive/00000088/01/wp2002n04.pdf, 6/4/03.
- 67 Boston Public Schools, Class of 2002 Exit Data
- 68 Boston Public Schools, Youth Risk Behavior Survey, 2001
- ⁶⁹ Boston Police Department, Youth Arrests and Arrests by Race/Ethnicity, Gender and Age Group
- 70 Boston Public Schools, Youth Risk Behavior Survey, 2001
- ⁷¹ National Institute of Mental Health, "Eating Disorders: Facts about Eating Disorders and the Search for Solutions." NIH Publication No. 01-4901. Available at: http://www.nimh.nih.gov/publicat/eatingdisorder.cfm 6/4/03
- 72 City of Boston, City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001
- ⁷³ City of Boston, City of Boston, Boston Centers for Youth & Families, Boston Youth Survey, 2001
- ⁷⁴ Boston Public Schools, Youth Risk Behavior Survey, 2001

III. Resources

80

Resources for Further Information

Data and Research Annie E. Casey Foundation, Kids Count, www.aecf. org/kidscount/

Boston Centers for Youth & Families, http://www.cityofboston.gov/bcyf/publications.asp

Boston Public Health Commission, http://www.bphc.org

Boston Redevelopment Authority, www.ci.boston. ma.us/bra/pdr.asp

Boston Redevelopment Authority, Who Are Boston's Children, (Report 519, 1999, print only)

Child Trends, http://www.childtrends.org

Harvard School of Public Health, http://www.hsph. harvard.edu/research.html

Massachusetts Department of Public Health, http://www.state.ma.us/dph

The Center for Survey Research, University of

Massachusetts Boston, http://www.csr.umb.edu/

Youth Risk Behavior Surveillance Survey, http://www.cdc.gov/nccdphp/dash/yrbs/

U.S. Census, http://www.census.gov

Education and Schools

Boston Private Industry Council, 617-423-1041, http://www.bostonpic.org/youth/index.htm Boston Public Library, 617-536-5400, http://bpl.org/index.htm

Boston Public Schools, 617-635-9000, http://www.boston.k12.ma.us/ Boston Public Schools, School to Career, 617-635-8079, http://www.boston.k12.ma.us/stc Higher Education Information Center, 877-332-4348, http://www.heic.org

Massachusetts Advocates for Children, 617-357-8431, http://www.massadvocates.org Nellie Mae Education Foundation, 781-348-4200, http://www.nmefdn.org

Read Boston, 617-918-5290 http://www.ci.boston.ma.us/bra/JCSRB.asp

Read Boston Hotline, 617-635-READ Write Boston, 617-541-2604, http://www.ci.boston.ma.us/bra.writeboston.asp

Parent and Family Services

Action of Boston Community Development (ABCD), 617-357-6000, http://www.bostonabcd.org

Boston's Parent-Teen Communication Campaign, http://www.findingthetime.org

Boston Parent Organizing Network, 617-373-2595, http://www.bpon.org

Boston Public Health Commission's Talk Listen Campaign, http://www.talklisten.org

Boston Resource Network, http://www.bostonresourcenet.org

Citizens Energy Oil Heat Program, 877-JOE-4-OIL

Family Nurturing Center of Massachusetts, 617-474-1143

Family Services of Greater Boston, 617-523-6400, http://www.fsgb.org

Families First Parenting Programs, 617-868-7687, http://www.families-first.org

Federation for Children with Special Needs, 800-331-0688, http://www.fcsn.org

Food Source Hotline, 800-645-8333, http://projectbread.org/programs02.html

Greater Boston Food Bank, 617-427-5200, http://www.gbfb.org

Health Helpline, 800-272-4232

Parental Stress Line, 800-632-8188, http://www.thehome.org

Parents United for Child Care, 617-426-8288, http://www.pucc.com

Massachusetts Department of Social Services, 617-748-2000, http://www.state.ma.us/dss

Massachusetts Department of Transitional Assistance, 800-249-2007, http://www.state.ma.us/dta

The Home for Little Wanderers, 888-HOME, 321, http://www.thehome.org

Women, Infants and Children (WIC), 800-WIC-1007, http://www.state.ma.us.dph/fch/wic. htm

Youthline, 888-635-2240

Youth Development

Boston Centers for Youth & Families, 617-635-4920, http://www.cityofboston.gov/bcyf Boston Police Activities League, 617-635-5093, http://www.bostonyouthzone.com/sports/pal/

Boston Police Department, 617-343-4200, http://www.ci.boston.ma.us/police/youth.asp

Boston Youth Zone, http://www.bostonyouthzone.com

Boys & Girls Club of Boston, 617-994-4700, http://www.bgcb.org

Ella J. Baker House, 617-282-6704, http://www.thebakerhouse.org

Massachusetts Department of Youth Services, 617-727-7575, http://www.state.ma.us/dys

Mayor's Youth Council, 617-635-4490, http://www.bostonyouthzone.com/resources/myc/default3.asp

The Medical Foundation, 617-451-0049, http://www.tmfnet.org

Youth Advocacy Project, 617-445-5640, http://www.youthadvocacyproject.org

Youth Opportunity Boston, 617-541-2600, http://www.cityofboston.gov/bra/youth_programs.asp#youth

YMCA of Greater Boston, 617-536-6950, http://www.ymcaboston.org

The Boston 2003 Trend Report Project Team:

Julie Barker, Program Developer, BCYF
Dan Correia, Program Coordinator, BCYF
Daria Fanelli, Director of Community Capacity-Building &
Partnerships, BCYF
Sandy Holden, Public Information Coordinator, BCYF
Amy Reid, Program Developer, BCYF
Liz Sullivan, Communications Manager, BCYF

Boston Centers for Youth & Families (BCYF) extends special thanks to:

Laura Henze Russell, Good Works Consulting and Jean Bacon, Community Works, for serving as the principal authors of this report, with assistance from Noelle Murphy, Community Works.

BCYF also wishes to thank those individuals and organizations responsible for providing research and support for this report:

John Auerbach, Boston Public Health Commission

Douglas Currivan, Center for Survey Research, University of Massachusetts Boston

Maryellen Donahue, Valerie Edwards, Bill Kelley and Nancy Strunk, Boston Public Schools

Antone Felix, Massachusetts Department of Social Services

Rolf Goetze, Gregory Perkins and Eswaren Selvarajah, Policy Development and Research Department, Boston Redevelopment Authority

Eliza Greenberg, City of Boston's Emergency Shelter Commission

Cynthia Hannon, Harvard Prevention Research Center on Nutrition and Physical Activity, Harvard School of Public Health

Jerry Mogul, Massachusetts Advocates for Children

Carl Walter, Office of Research & Evaluation, Boston Police Department

Graphic design by Jon Fish, www.fried-fish.com All photos, except back cover photo, by Carla Osberg Photography, www.carlaphoto.com

Back cover photo by Patty McMahon, Director, Mayor's Youth Council

For additional copies of this report contact Dawn Newcomb at (617) 635-4920, extension 2242 or e-mail Dawn.

Newcomb@cityofboston.gov. or visit the BCYF website at www. cityofboston.gov/bcyf



Thomas M. Menino, Mayor City of Boston

Juanita B. Wade, Executive Director Boston Centers for Youth & Families



The Boston 2003 Trend Report: Snapshot of Boston's Children and Youth

